

<b>Case Number:</b>	CM14-0116536		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	07/06/2009
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	07/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 47-year-old male with a 7/6/09 date of injury. At the time (6/23/14) of the request for authorization for Butrans patch 15mg qty 4 refills 1, there is documentation of subjective (low back pain that radiates down the bilateral lower extremities) and objective (spasm noted in the paraspinous musculature, tenderness was noted upon palpation in the bilateral paravertebral area L1-3 and L3-S1 levels, range of motion was moderately limited secondary to pain, facet signs were present in the lumbar spine bilaterally, and decreased sensitivity in both lower extremities) findings, current diagnoses (cervical radiculitis, lumbar facet arthropathy, status post fusion lumbar spine, erectile dysfunction due to medication use, iatrogenic opioid dependency, pruritis about abdominal incision, and GI upset with NSAIDs), and treatment to date (medications including Butrans for at least 4 months). There is no documentation of detoxification and a history of opiate addiction; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications with Butrans use to date.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Butrans Patch 15mg qty 4 with 1 Refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines , www.RxList.com, The Pharmacological Basis of Therapeutics, 12th edition, McGraw Hill, 2006

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26-27. Decision based on Non-MTUS Citation Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of opiate addiction or chronic pain (after detoxification in patients who have a history of opiate addiction), as criteria necessary to support the medical necessity of Buprenorphine. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of cervical radiculitis, lumbar facet arthropathy, status post fusion lumbar spine, erectile dysfunction due to medication use, iatrogenic opioid dependency, pruritis about abdominal incision, and GI upset with NSAIDs. In addition, there is documentation of chronic pain. However, there is no documentation of detoxification and a history of opiate addiction. In addition, given documentation of treatment with Butrans for at least 4 months, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications with Butrans use to date. Therefore, based on guidelines and a review of the evidence, the request for Butrans patch 15mg qty 4 refills 1 is not medically necessary.