

<b>Case Number:</b>	CM14-0119389		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	08/25/2004
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	07/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2014

### 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 Neuromusculoskeletal Medicine, and is licensed to practice in Arizona. 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:

The patient is a 54-year-old male who sustained a work related injury on 8/25/2004 as result of the performance of his work related duties. Since then he has had complaint of neck, lower back and upper extremity pain that is persistent. On exam dated 08/04/2014 includes finding of positive axial head compression of the cervical spine with associated decreased range of motion secondary to pain. Shoulder range of motion is decreased bilaterally as well. Shoulder range of motion is decreased with 'positive impingement sign'. Lumbar spine is tender to palpation through the lumbar musculature with mild decrease in range of motion. In dispute is a decision for Butrans Patch #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Butrans Patch #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Buprenorphine for Chronic Pain

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Intervention and Treatments, Page(s): 26-27. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.drugs.com/pro/butrans-patch.html>

**Decision rationale:** Butrans (Buprenorphine) patch: This medication is indicated for the treatment of opiate agonist dependence (FDA Approved indication includes sublingual Subutex and Suboxone): When used for treatment of opiate dependence, clinicians must be in compliance with the Drug Addiction Treatment Act of 2000. Buprenorphine's pharmacological and safety profile makes it an attractive treatment for patients addicted to opioids. Buprenorphine's usefulness stems from its unique pharmacological and safety profile, which encourages treatment adherence and reduces the possibilities for both abuse and overdose. Studies have shown that buprenorphine is more effective than placebo and is equally as effective as moderate doses of methadone in opioid maintenance therapy. It is also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. Butrans is indicated for the management of pain severe enough to require daily, around-the-clock, long-term opioid treatment and for which alternative treatment options are inadequate. Limitations of Use because of the risks of addiction, abuse and misuse with opioids, even at recommended doses, and because of the greater risk of overdose and death with extended-release opioid formulations, reserve Butrans for use in patients for whom alternative treatment options (e.g., non-opioid analgesics or immediate-release opioids) are ineffective, not tolerated, or would be otherwise inadequate to provide sufficient management of pain. Butrans is not indicated as an as-needed (prn) analgesic. Its prescribing is reserved only by healthcare professionals who are knowledgeable in the use of potent opioids for the management of chronic pain. With the patient successfully weaned from opioid pain medication, this medication is not appropriate for use as it is indicated for the treatment of opioid agonist dependence. The request is not medically necessary.