

<b>Case Number:</b>	CM14-0180889		
<b>Date Assigned:</b>	11/05/2014	<b>Date of Injury:</b>	01/19/2000
<b>Decision Date:</b>	12/09/2014	<b>UR Denial Date:</b>	10/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2014

### 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 Internal 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:

The injured worker (IW) is a 53-year-old woman with a date of injury of January 19, 2000. The mechanism of injury is not documented in the medical record. The submitted records show that the IW was treated for chronic neck pain. Pursuant to the progress note dated October 3, 2014, the IW complains of neck pain radiating into the shoulder blades. The pain was rated 9/10 at its worse, and 6/10 at its least. The IW has been having a difficult time weaning off Norco and is taking significantly less that she was used to. She had yet to start Doxepin. Objective findings revealed neck range of motion reduced in flexion, extension, and right lateral rotation. Moderate tenderness over the right upper cervical facets with mild tenderness over bilateral mid cervical facets. Facet loading test was positive on the right Spine extension was restricted and painful. The IW was showing anxiety, frustration and anger. The IW was diagnosed with chronic pain syndrome, cervical post-laminectomy syndrome, and cervicgia. The provider updated the treatment plan by continuing Nucynta ER 50mg, stopping Ibuprofen 800mg, refilling both Omeprazole 20mg, and Doxepin HCL 50mg, and starting Butran patch10mcg with multiple refills. Doxepin is prescribed to help with chronic pain and help with sleep.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**(1) Prescription of Butrane 10 mcg #4: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Chapter, Buprenorphine

**Decision rationale:** Pursuant to the Official Disability Guidelines, Butrane 10 mcg #4 is not medically necessary. Buprenorphine (Butrane) is recommended as an option for treatment of chronic pain in selected patients (not first-line for all patients. Butrane is a schedule 3 controlled substance. It has both agonist and antagonist properties but is still an opiate. There is the potential for Butrane to precipitate withdrawal and opiate experienced patients. Ongoing opiates require documentation showing ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The lowest possible dose should be prescribed to improve pain and function. Opiates are not meant to be used long-term. In this case, the injured worker is being treated for chronic pain syndrome. The Butranes patch was prescribed weekly, one patch per week for four weeks with two refills. While the Butranes is medically appropriate the 2 refills are not. Opiates are meant to be used short-term, not long-term with a detailed pain assessment. The physicians plan in a progress note dated October 30, 2014 indicates one patch weekly for four weeks with two refills. Consequently, Butran 10mcg #4 is not medically necessary.