

<b>Case Number:</b>	CM14-0096092		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	06/21/2002
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	06/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 43-year-old individual was reportedly injured on May 21, 2002. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated March 24, 2014, indicated that there were ongoing complaints of neck and low back pains. It was reported pain increased with the activities of daily living. The injured employee was noted to be permanent and stationary. The injured worker continued a home exercise protocol. The physical examination demonstrated tenderness to palpation in the cervical spine. Moderate muscle spasms were noted, and a decreased range of motion was reported. There were well healed surgical scars identified and upper extremities strength was reportedly 5/5. There was also tenderness in the sacroiliac joint region and it was noted that 3 failed cervical surgeries had been completed. The injured worker was noted to be hypertensive (143/91). Diagnostic imaging studies were not reported. Previous treatment included multiple medications, chiropractic care, and other pain management interventions. A request had been made for Butrans and was not certified in the pre-authorization process on May 30, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Butrans Dis 20mcg/hr day supply 28 #3:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009 Page(s): Pages 26-27 of 127.

**Decision rationale:** The California MTUS guidelines recommend buprenorphine (Butrans) for the treatment of opiate addiction and as an option for chronic pain, especially after a detoxification program. Review, of the available medical records, fails to document that the injured employee meets the criteria for the use of this medication. Furthermore, based on the physical examination reported, there is no noted efficacy or utility in terms of increased functionality or decrease symptomatology. As such, this request for Butrans patches is not medically necessary.