

<b>Case Number:</b>	CM14-0165109		
<b>Date Assigned:</b>	10/10/2014	<b>Date of Injury:</b>	05/10/2002
<b>Decision Date:</b>	01/09/2015	<b>UR Denial Date:</b>	10/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2014

### 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 Occupational Medicine, has a subspecialty in Pain Med and Manipulation 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 medical records the patient is a 62-year-old female who sustained an industrial injury on May 10, 2002. She is diagnosed with post cervical laminectomy pain syndrome, cervical radiculitis, fibromyalgia, status post left shoulder arthroscopic decompression and Mumford, symptomatic left sacroiliitis and history of hepatitis C. She was seen on May 9, 2014 at which time she reported acute severe low back pain. She has not tolerated Norco and tramadol. She feels her pain is reaching unbearable levels. Plan was to discontinue Norco, continue Motrin and Prilosec, and trial Nucynta. She was seen on June 20, 2014 at which time she reported Nucynta to be effective in addressing her low back pain. She was to continue with Nucynta, Motrin, and Prilosec. She was seen on August 29, 2014 at which time she noted that Nucynta and Tramadol has not been tolerated. She continues using interferential which is helpful. Examination revealed more comfortable appearance, normal gait, and mild lumbar spine/left sacroiliac joint tenderness. Utilization review was performed on October 2, 2014 at which time recommendation was made to certify the request for Prilosec, Motrin, and tens unit and supplies. With regards to Butrans patches, this request was noncertified. The prior peer reviewer noted that the current progress report is not consistent with ongoing severe pain and the use of Motrin appeared to allow the patient to be comfortable during examination. It was also noted that on examination the patient does not exhibit any signs of severe pain which may warrant the addition of powerful analgesic. It was also noted that there is no indication that the patient is currently or has suffered from opioid addiction to warrant the use of Butrans. Considering the failure of severe pain to be reported, the lack of examination findings consistent with severe pain and the guidelines for Butrans, the request was deemed not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Butrans 5mcg #4: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine; Opioids Page(s): 26,27; 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Buprenorphine for chronic pain

**Decision rationale:** References state that Buprenorphine transdermal system (Butrans) is FDA-approved for moderate to severe chronic pain. It is available as transdermal patches at 5mcg/hr, 10mcg/hr and 20mcg/hr. In this case, the patient was seen in May 2014 at which time she reported an acute exacerbation of her low back pain. Norco and Tramadol were not tolerated and Nucynta was trialed. On August 29, 2014 she noted that Nucynta and Tramadol has not been tolerated and both medications had been discontinued. The August 29, 2014 report stated that she is using her interferential unit and is taking Motrin. Examination revealed more comfortable appearance, normal gait, and mild lumbar spine/left sacroiliac joint tenderness. She was to continue with Motrin and IFC/Tens unit. Request was submitted for trial of Butrans patch. The patient's pain appears to be controlled with oral NSAIDs and muscle stimulator. In addition, there is no evidence of significant subjective or objective examination findings to support the request for Butrans patch. The request is not medically necessary and appropriate.