

<b>Case Number:</b>	CM14-0218747		
<b>Date Assigned:</b>	01/08/2015	<b>Date of Injury:</b>	12/15/2009
<b>Decision Date:</b>	06/01/2015	<b>UR Denial Date:</b>	12/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 is a 40-year-old male with a reported date of injury on 12/15/2009. The injured worker was cutting a pipe with his arms extended overhead when he developed a sudden pain to the lower back. The current diagnoses include chronic pain syndrome, lumbar radiculopathy at sacral one on the left, status post lumbar laminectomy and interbody fusion syndrome, and lumbar disc disorder. The injured worker presented on 12/15/2014. The physical examination of the cervical, thoracic, and lumbar spine revealed tenderness and spasms along with limited range of motion. Prior treatments included gym membership with water therapy, multiple low back surgeries, trigger point injections, cervical epidural injection, lumbar epidural injection, and a medication history of Flexeril, Norco, Nucynta, Nuvigil, Omeprazole, Bupropion, Tramadol, and Tizanidine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Butrans 10 Mcg/Hr Patch Transdermal 1 Patch Every 7 Days, #4:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 26-27.

**Decision rationale:** The California MTUS Guidelines recommend buprenorphine for treatment of opiate addiction. It is also recommended as an option for chronic pain after detoxification in patients who have a history of opiate addiction. The injured worker was issued a prescription for Butrans patch, along with instructions to decrease Norco to every 8 hours per day. However, it is unclear whether chronic opioid treatment has been beneficial to the injured worker. Additionally, the current request is for Butrans patch 10 mcg per hour for 7 days to prevent GERD. This is not an indication for the necessity of Butrans (buprenorphine) as outlined by the California MTUS Guidelines recommend. As such, the request is not medically appropriate.