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| <b>Case Number:</b>   | CM15-0003377 |                              |            |
| <b>Date Assigned:</b> | 01/14/2015   | <b>Date of Injury:</b>       | 12/21/2004 |
| <b>Decision Date:</b> | 03/10/2015   | <b>UR Denial Date:</b>       | 12/12/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/07/2015 |

### 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: Texas, Illinois  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 47 year old male, who sustained an industrial injury on 12/21/2004. The diagnoses have included chronic persistent right shoulder pain, chronic neck pain, chronic low back pain and chronic abdominal pain status-post hernia repair. Treatment to date has included medical branch blocks, radiofrequency neurolysis , Tramadol, Skelexin, Gabapentin, The Magnetic resonance imaging (MRI) of the lumbar spine dated 9/17/2013 was reported as a normal study other than some bulging discs; MRI of the neck dated 9/17/2013 revealed disc degeneration at C3-4, mostly and small posterior disk/osteophyte noted at C3-4, otherwise normal. Currently, the injured worker complains of persistent neck, back, abdomen and groin pain. Without medication pain is 9-10/10. With medications pain is decreased to 6/10. Objective findings included ambulation with a cane and favoring lower back. He has tenderness to palpation over the paraspinal muscles and neurologically he is intact. On 12/12/2014 Utilization Review modified a request for Butrans patch 20mcg #4 with one refill noting that the amount requested exceeded guideline recommendations. The MTUS and ODG were cited. On 1/07/2015, the injured worker submitted an application for IMR for review of for Butrans patch 20mcg #4 with one refill.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Butrans patch 20mcg #4 with 1 refill: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** The injured worker sustained a work related injury on 12/21/2004. The medical records provided indicate the diagnosis of chronic persistent right shoulder pain, chronic neck pain, chronic low back pain and chronic abdominal pain status-post hernia repair. Treatment to date has included medical branch blocks, radiofrequency neurolysis , Tramadol, Skelexin, Gabapentin. The medical records provided for review do not indicate a medical necessity for Butrans patch 20mcg #4 with 1 refill. The injured worker is at this time manifesting features of opioid hyperalgesia, which presents with worsening pain despite increasing the dose of the opioid. The MTUS recommends discontinuing or weaning opioids at this stage. Therefore, the requested treatment is not medically necessary and appropriate.