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| <b>Case Number:</b>   | CM15-0004796 |                              |            |
| <b>Date Assigned:</b> | 02/11/2015   | <b>Date of Injury:</b>       | 07/10/2007 |
| <b>Decision Date:</b> | 03/25/2015   | <b>UR Denial Date:</b>       | 12/15/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/09/2015 |

### 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: California

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 46 year old female who sustained an industrial injury on 7/10/07 involving cervical spine pain and migraine headache due to cumulative trauma. Currently she is experiencing burning aching cramping neck pain with radiation down the bilateral upper extremities to the hands which limits her activity. Her pain intensity is 10/10 without medication and 5/10 with medication; the medication improved her ability to function Medications are gabapentin, Percocet, omeprazole, Senna-S and Topamax. Diagnoses are status post bilateral thoracic outlet release surgery; chronic migraine headaches secondary to thoracic outlet residue; clinical bilateral ulnar nerve peripheral neuropathy at cubital tunnels and at wrist level Guyon's canals; status post right carpal tunnel release (4/14/14); diabetes.; chronic headaches; ongoing bilateral arm pain. Treatments to date include physical therapy, bilateral facet injections, chiropractic treatment which were beneficial in decreasing her pain and increasing her activity level right wrist brace at night. Diagnostics included MRI of the cervical revealing mild discogenic changes and thoracic spine was normal (1/28/08); electromyography and nerve conduction study (6/15/10) were abnormal; MRI left shoulder (11/7/09) unremarkable. The progress note dated 11/17/14 indicates prescription for Butrans Patch and the note from 12/15/14 indicates that she stopped the Butrans Patch as it made her dizzy. She has been to the emergency department for her pain and received additional pain medication. On 12/15/14 Utilization review non-certified the request for Butrans Patch 10 mcg # 4 citing MTUS: Chronic medical treatment Guidelines.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Butrans 10 MCG Patch #4:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine HCL, pages 26-27.

**Decision rationale:** Submitted reports have not demonstrated the indication or medical necessity for this medication request. Per MTUS Chronic Pain, BuTrans or Buprenorphine is a scheduled III controlled substance recommended for treatment of opiate addiction or opiate agonist dependence. Request has been reviewed previously and non-certified for rationale of lack of pain contract, indication, and documentation of opioid addiction. Buprenorphine has one of the most high profile side effects of a scheduled III medication. Per the Guidelines, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial and use should be reserved for those with improved attributable functional outcomes. This is not apparent here as this patient reports no change in pain relief, no functional improvement in daily activities, and has not decreased in medical utilization or self-independence continuing to treat for chronic pain symptoms. There is also no notation of any functional improvement while on the patch nor is there any recent urine drug screening results in accordance to pain contract needed in this case. Without sufficient monitoring of narcotic safety, efficacy, and compliance for this individual along with no weaning process attempted for this chronic injury. Medical necessity for continued treatment has not been established for Buprenorphine. Additionally, the patient was reported to have side effects of dizziness and had stopped the patch. The Butrans 10 MCG Patch #4 is not medically necessary and appropriate.