

<b>Case Number:</b>	CM15-0111626		
<b>Date Assigned:</b>	06/12/2015	<b>Date of Injury:</b>	04/12/2002
<b>Decision Date:</b>	07/14/2015	<b>UR Denial Date:</b>	05/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 58 year old male, who sustained an industrial injury on 4/12/2002. Diagnoses include post laminectomy pain, status post fusion L3-S1 (2003), rule out lumbar radiculopathy, chronic pain syndrome and emotional factors. Treatment to date has included medications including Zanaflex, Senokot, Pamelor, Baclofen, Lyrica, Lunesta, Nortriptyline, Fentanyl, Ultram and Aspirin. Per the most recent submitted Primary Treating Physician's Progress Report dated 2/04/2015, the injured worker reported back pain. He rates the intensity of his pain as a 5/10 in the low back, 4/10 in the mid back and 2/10 in the neck. Physical examination revealed tightness to the cervical spine. There were myofascial restrictions of the lumbar spine. Straight leg raise was positive on the left at 75 degrees. The plan of care included medications and daily exercises and authorization was requested for Butrans patch 20mcg #3. A 5/26/15 special report indicates that the patient is not taking Fentanyl or Ultram. The report states that Butrans brings pain down from 8 to 4 and increased the patient's ability to do artwork. The patient is not noted to have aberrant activity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Butrans 20 mcg #3 (4 weeks) sig 1 q 6 days: Upheld**

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

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

**Decision rationale:** Butrans 20 mcg #3 (4 weeks) sig 1 q 6 days is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that a satisfactory response to opiate treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation does not reveal clear monitoring of the "4As" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors.). The MTUS states that Buprenorphine is recommended for treatment of opiate addiction. Also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. The provider indicates that Butrans decreases the patient's pain and increases his ability to do artwork but the documentation does not indicate evidence of monitoring of the 4As with objective urine toxicology screens or an updated signed pain contract. Without objective, clear monitoring of the 4 A's recommended by the MTUS this request cannot be certified as medically necessary.