

<b>Case Number:</b>	CM15-0113851		
<b>Date Assigned:</b>	06/22/2015	<b>Date of Injury:</b>	03/16/2007
<b>Decision Date:</b>	07/22/2015	<b>UR Denial Date:</b>	05/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2015

### 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: Emergency 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 68 year old male, who sustained an industrial injury on 03/16/2007. He has reported injury to the low back. The diagnoses have included lumbago; degeneration of lumbar or lumbosacral intervertebral disc; lumbar spinal stenosis; and status post lumbar surgery, on 10/22/2009. Treatment to date has included medications, diagnostics, physical therapy, and surgical intervention. Medications have included Norco. A progress report from the treating physician, dated 04/28/2015, documented an evaluation with the injured worker. Currently, the injured worker complains of an increase in back symptomology; the pain has worse rather than better; he would like to try changing his medications; the pain is rated a 6-7/10 on the pain scale, on a regular basis, and goes down to a 3-4/10 with medications as long as he decreases the activities; and if the patches provide steady relief, he thinks that they would be of benefit to hm. Objective findings included guarding, holding his muscles tight; he is not using the lumbar spine and he is substituting with his hip flexors; he is having difficulty standing erect at this time; he lists forward to the left-hand side by approximately five degrees; and the sitting straight leg test is equivocal, and he is able to perform that function in spite of increasing the symptomatology of pain. The treatment plan has included the request for Narc Butrans Patches 15mcg #4.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Narc Butran Patches 15mcg #4: Upheld**

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

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

**Decision rationale:** Butrans is buprenorphine, an agonist-antagonist opioid. As per MTUS Chronic pain guidelines, it is often used to prevent opiate withdrawal but is also used for the management of chronic pain. It has a lower abuse potential compared to other opioids. It may be recommended in patients with opioid dependence. Patient has documented improvement in pain and function with current Norco therapy however, pain always returns. While butrans may be beneficial, it is not clear from documentation if patient is dependent on opioids. Provider has not documented any prior weaning attempt or transitioning to non-opioid pain medications. Due to lack of this documentation, butrans trial is not medically necessary at this time.