

<b>Case Number:</b>	CM15-0115790		
<b>Date Assigned:</b>	06/24/2015	<b>Date of Injury:</b>	08/04/2011
<b>Decision Date:</b>	08/05/2015	<b>UR Denial Date:</b>	05/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2015

### 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: Arizona, Michigan

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 64 year old, female who sustained a work related injury on 8/4/11. The diagnoses have included lumbar sprain/strain, lumbar degenerative disc disease and lumbar disc pathology. Treatments have included acupuncture, medications and physical therapy. In the PR-2 dated 4/29/15, the injured worker complains of unchanged pain. The pain is located mostly in lumbar area. She complains of pain, stiffness and spasms. She states she continues to improve. Medications and physical therapy are effective in improving her pain levels, function, range of motion and overall comfort. She has guarding with motion in lumbar area due to pain. The Butrans patches have been prescribed since 2012. She is not working. The treatment plan includes an order for Butrans patches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Butrans patch 5 mcg 1 patch every week #4 prescribed 4/29/15: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids and weaning of medications Page(s): 80, 124.

**Decision rationale:** Per CA MTUS guidelines, Butrans is an opioid used for short-term pain relief. Long-term use for effectiveness is unclear but is also limited. "Failure to respond to a time limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. There is no evidence to recommend one opioid over another. In patients taking opioids for back pain, the prevalence of lifetime substance use disorders has ranged from 36% to 56% (a statistic limited by poor study design)." Opioids should be continued if the client has returned to work and there is improved pain levels and functional capabilities. A review of the injured workers medical records reveal that she has not returned to work and is having ongoing pain despite the use of butrans, there is no documentation of pain or functional improvement with the use of butrans and without this information medical necessity for continued use is not established, therefore the request for Butrans patch 5 mcg 1 patch every week #4 prescribed 4/29/15 is not medically necessary.

**Butrans patch 5 mcg 1 patch every week #4 not to be filled until 5/29/15:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids and weaning of medications Page(s): 80, 124.

**Decision rationale:** As discussed in the previous requested treatment order for Butrans patches, refills of Butrans are not indicated or recommended. Therefore, the requested treatment of Butrans 5mcg. 1 patch every week, #4, not to be filled until 5/29/15 is not medically necessary.