

<b>Case Number:</b>	CM15-0118158		
<b>Date Assigned:</b>	06/26/2015	<b>Date of Injury:</b>	12/01/2012
<b>Decision Date:</b>	07/31/2015	<b>UR Denial Date:</b>	06/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2015

### 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, North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 33 year old male, who sustained an industrial injury on December 1, 2012. Treatment to date has included modified work duties, Butrans patches, Norco, assistive devices, epidural steroid injection, and MRI of the lumbar spine. Currently, the injured worker complains of low back pain with radiation of pain into the buttock region and into the bilateral lower extremities. He reports to dysesthesia of the bilateral feet and notes that the Butrans patches have been helpful. He reports feeling drowsy with both Butrans patches applied. He rates his pain a 4-9 on a 10-point scale with medications and notes occasional sharp pain. The injured worker notes that with his medications he is able to tolerate work. On physical examination, the injured worker has decreased lordosis of the lumbar spine and heat is palpable over the lower back. He has moderate pain over the lumbar spine and a bilateral seated straight leg raise is 90 degrees with pain referring to the bilateral popliteal region. His range of motion shows forward flexion to 55 degrees with moderate pain and extension to 25 degrees with severe pain. An MRI of the lumbar spine revealed moderate L5-S1 disc desiccation with slight bulge and moderate bilateral paraspinal atrophy. The diagnoses associated with the request include lumbar disc injury and lumbar radiculopathy. The treatment plan includes Butrans 15 mcg patches, Norco, modified work duties and epidural steroid injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Butrans patches 15mcg #4 and 5mcg #4:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-82.

**Decision rationale:** The request is for continuing usage of Butrans patch, which is buprenorphine, a topical opiate indicated for short-term use in neuropathic pain. Opioids have been recommended for neuropathic pain that has not responded to first-line recommendations (antidepressants or antiepileptic agents). In this case, the patient's date of injury was approximately 2.5 years ago. There is no evidence of failure of first-line agents. He has exceeded the recommended time period (16 weeks) for use of an opiate. He had an MRI which did not reveal a surgical problem, with no spinal stenosis or neuroforaminal narrowing found. He did have a mild posterior disc protrusion with an annular tear at L5-S1, but the MRI was otherwise normal. The request does not demonstrate the medical necessity for a topical opioid 2.5 years after his injury. There is no record of an acute exacerbation or re-injury of the low back. Therefore, the request is deemed not medically necessary or appropriate.