

<b>Case Number:</b>	CM15-0123302		
<b>Date Assigned:</b>	07/07/2015	<b>Date of Injury:</b>	10/15/2009
<b>Decision Date:</b>	08/04/2015	<b>UR Denial Date:</b>	06/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2015

### 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, California

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 43 year old male, who sustained an industrial injury on 10/15/2009. The medical records submitted for this review did not include documentation of the initial injury. Diagnoses include multilevel lumbar disc disease and bilateral lumbar facet syndrome. Treatments to date include activity modification, anti-inflammatory, muscle relaxant, chiropractic therapy and physical therapy, and epidural steroid injections. Currently, he complained of low back pain and muscle spasms. Pain was rated 8/10 VAS. On 5/20/15, the physical examination documented lumbar tenderness and decreased range of motion. The plan of care included Butrans 15mg patches, one patch every seven days, #4.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

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

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

**Decision rationale:** Buprenorphine (Butrans) is used for treatment of opioid addiction or for chronic pain after detoxification of opioid use. Its use as a patch has been used due to the advantages of no analgesic ceiling, good safety profile and ability to suppress opioid withdrawal. In this case there is no mention of opioid addiction or need for opioid detoxification. The claimant was on Flexwrl and Norco along with Butrans. As a result, the use of Butrans patches is not medically necessary.