

<b>Case Number:</b>	CM15-0127203		
<b>Date Assigned:</b>	07/13/2015	<b>Date of Injury:</b>	10/28/2010
<b>Decision Date:</b>	08/10/2015	<b>UR Denial Date:</b>	06/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2015

### 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 58 year old female, who sustained an industrial injury on 10/28/10. The initial diagnosis and symptoms experienced, by the injured worker, were not included in the documentation. Treatment to date has included medication, urine drug screen, epidural injection, MRI, x-ray, surgery, physical therapy, injection and psychological evaluation. Currently, the injured worker complains of ongoing low back and left knee pain. The knee pain limits the injured worker's ability to increase her activity. She also reports headaches, dizziness/fainting, night sweats, depression, fatigue, bowel irregularity, joint pain/swelling, numbness/tingling and sleep disruption. The injured worker is currently diagnosed with left breast implant injury, left knee chondromalacia of the patella, post left knee arthroscopy with meniscectomy, chondroplasty and synovectomy, bilateral L5 radiculopathy and polyneuropathy, cervical spine disc herniations with neuroforaminal stenosis, lumbar spine disc herniation, spondylolisthesis L4-L5 and thoracic spine and lumbar spine strain with pre-existing scoliosis. She continues to remain off work. A note dated 5/15/15 states that there is limited range of motion of the lumbar spine that causes pain and she has an altered gait. In a note dated 5/17/14, the injured worker reported she received efficacy from physical therapy and the injection to her left knee provided pain relief for approximately 6 weeks. A note dated 1/8/15 states the injured worker experiences better pain control with Butrans patch; however, reports continued neck and low back stiffness. A note dated 6/17/15 states the injured worker did not receive therapeutic efficacy with a lower dose opioid medication, the medication dose was increased. The medication, Butrans DIS 15 mcg/hour #4 (30 day supply) is requested to continue to manage her pain.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Butrans DIS 15mcg/hr #4, 30 day supply:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 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 Butrans was given prior to being referred to pain management. As a result, the use of Butrans patches is not medically necessary.