

<b>Case Number:</b>	CM15-0166154		
<b>Date Assigned:</b>	09/03/2015	<b>Date of Injury:</b>	09/11/2009
<b>Decision Date:</b>	11/19/2015	<b>UR Denial Date:</b>	08/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/24/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 37 year old female, who sustained an industrial injury on 9-11-2009. Several documents included in the submitted medical records are difficult to decipher. The injured worker was being treated for lumbago, sciatica, lumbar radiculitis, and degeneration of lumbar or lumbosacral intervertebral disc. Medical records (7-29-2015) indicate ongoing low back pain with radiation to her bilateral lower extremities. Associated symptoms include spasms, stiffness, numbness, tingling, and weakness. The injured worker reported her medications partially alleviate her pain. She reported taking her medications as prescribed. The physical exam (7-29-2015) revealed spasms of the paraspinal muscles at L3-5 (lumbar 3-5), bilateral paraspinal muscles tenderness, pain with flexion and extension, decreased sensation over the right leg, decreased right patellar deep tendon reflex, and a positive right straight leg raise at less than 60 degrees. Per the treating physician (7-29-2015 report), a Controlled Substance Utilization Review and Evaluation System (CURES) report was reviewed and discussed with the injured worker. On 4-22-2015, a urine drug screen detected Hydrocodone, Norhydrocodone, Hydromorphone, and THC (marijuana). Surgeries to date have included a lumbar microdiscectomy at L4-5 (lumbar 4-5) in 2010. Treatment has included physical therapy, chiropractic therapy, acupuncture, psychotherapy, radiofrequency bilateral lumbar facet neurotomies, lumbar facet injection, a home exercise program, activity modifications, and medications including opioid pain (Butrans since at least 7-2015), topical pain, antiemetic, antidepressant, medical cannabis, sleep, muscle relaxant, and non-steroidal anti-inflammatory. Per the treating physician (7-2-2015 report), the employee has not returned to work. The requested treatments included Butrans patches. On 8-18-2015, the original utilization review modified a request for Butrans DIS 10mg 7day 1 patch #4.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Butrans DIS 10mg 7day 1 patch #4: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Buprenorphine, Opioids, criteria for use, Opioids for chronic pain, Opioids, dosing, Opioids, long-term assessment. Decision based on Non-MTUS Citation Farrar JT, Young JP, LaMoreaux L, Werth JL, Poole RM. Clinical importance of changes in chronic pain intensity measured on an 11-point numerical pain rating scale. Pain. 2001 Nov; 94 (2): 149-58.

**Decision rationale:** The claimant sustained a work injury in September 2009 and underwent a lumbar discectomy in April 2010. The claimant has a history of benzodiazepine and opiate abuse. Lumbar radiofrequency ablation was done in March 2015 on the right side and in May 2015 on the left. She continues to be treated for low back pain with lower extremity radiating symptoms. Medications being prescribed on 07/02/15 were Butrans, Norco, and Lyrica. Medications were referenced as decreasing pain from 8-9/10 to 6-7/10 and allowing for performance of activities of daily living and household chores such as cleaning, cooking, and laundry. Case notes referenced planned weaning of Norco. When seen, she was taking medications as prescribed. Medications are referenced as alleviating pain but not completely. Physical examination findings included lumbar paraspinal muscle spasms with tenderness and pain with range of motion. There was decreased right lower extremity sensation and a decreased right knee reflex. Straight leg raising was positive. Authorization for Butrans is being requested. Norco appears to have been discontinued. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Butrans is a sustained release opioid used for treating baseline pain. In this case, it is being prescribed as part of the claimant's ongoing management. Medications are providing what is considered a clinically significant decrease in pain and the requesting provider gives examples of medications providing improvement in activities of daily living. The total MED is less than 120 mg per day consistent with guideline recommendations. The claimant has a history of substance abuse and buprenorphine is recommended as an option for treatment of chronic pain in selected patients such as for analgesia in patients who have previously been detoxified from other opioids as in this case as Norco appears to have been successfully weaned. The request is therefore medically necessary.