MAXIMUS Federal Services

| Case Number: | CM15-0170305 | | |
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| Date Assigned: | 09/10/2015 | Date of Injury: | 05/08/2009 |
| Decision Date: | 12/11/2015 | UR Denial Date: | 08/18/2015 |
| Priority: | Standard | Application Received: | 08/28/2015 |

## 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 44 year old female, who sustained an industrial injury on 5-8-2009. The injured worker is undergoing treatment for: right carpal and cubital tunnel syndrome, lumbar radiculopathy with weakness (left), and lumbar spinal stenosis with left L5-S1 spondylolisthesis. On 8-4-15 and 9-15-15, she reported increased left leg pain and weakness. Physical examination revealed a waddling and guarded gait, positive straight leg raise testing on the left, and "moderate distal left leg weakness". There is no discussion of pain reduction with the use of Butrans patch. The treatment and diagnostic testing to date has included: medications. Medications have included: Butrans patches, Zanaflex, Prilosec, Wellbutrin and Tramadol. The records indicate she has been utilizing Butrans patches since at least August 2015, possibly longer. Current work status: unclear. The request for authorization is for: Butrans 10mcg patch quantity 4, one refill. The UR dated 8-18-2015: modified certification of Butrans patch 10mcg quantity 4 with no refills.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Butrans patch 10mcg #4 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Buprenorphine, Opioids, criteria for use, Opioids for chronic pain, Opioids, long-term assessment.

**Decision rationale:** The claimant sustained a cumulative trauma work injury with date of injury in May 2009 and is being treated for radiating low back pain. In August 2015 tramadol had been discontinued. Butrans was prescribed for severe intractable pain. When seen in September 2015, she had increasing left leg radiculopathy and weakness. She remained a surgical candidate. She had not been seen by a spine surgeon in over a year. Physical examination findings included a depressed mood and she was in obvious pain. There was a waddling and guarded gait. There was left lower extremity weakness with positive straight leg raising. Butrans was continued. Butrans (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 high-dose opioids. It is not a first-line medication and there are other available sustained release opioid medications available. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication at the current dose is providing decreased pain through documentation of VAS pain scores or specific examples of how this medication is resulting in an increased level of function or improved quality of life. Continued prescribing is not considered medically necessary.