

<b>Case Number:</b>	CM15-0175542		
<b>Date Assigned:</b>	09/16/2015	<b>Date of Injury:</b>	04/23/2010
<b>Decision Date:</b>	10/26/2015	<b>UR Denial Date:</b>	08/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/07/2015

### 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: Anesthesiology, 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 43-year-old male, with a reported date of injury of 04-23-2010. The diagnoses include chronic right ankle pain, status post right ankle surgery, late effect ankle sprain, chronic right foot numbness secondary to his right foot injury and surgery, chronic right knee pain with knee sprain, chronic low back pain with L4-5 grade 1 anterior spondylolisthesis, lumbosacral sprain, chronic right leg radicular symptoms, status post right leg deep venous thrombosis (blood clot), and depression secondary to his industrial injury. Treatments and evaluation to date have included aspirin, Norco, Motrin, Tylenol, lumbar epidural steroid injection with significant pain relief, right ankle injection, and right lateral ankle anterior talofibular ligament repair on 10-30-2012. The diagnostic studies to date have included an x-ray of the right ankle on 11-30-2011 which showed minimal ankle joint osteoarthritis with moderate-sized heel spur; an MRI of the lumbar spine on 12-22-2011 which showed grade 1 anterior spondylolisthesis with pars interarticularis defects at L5-S1, with associated mild to moderate bilateral facet disease and broad-based posterior central disc protrusion with partial annular tear at L4-5; and x-rays of the bilateral knees on 04-03-2013 which showed mild degenerative changes within the medial compartment of the right knee. The progress report dated 07-07-2015 indicates that the injured worker had right knee pain, right ankle and foot pain, and lower back pain. The objective findings showed tenderness of the right ankle and right knee; negative McMurray's and Lachman's tests in the right knee; paralumbar tenderness from L2 to L5-S1; right sacroiliac and trochanteric tenderness; anteflexion of the trunk on the pelvis allowed for 10 degrees of flexion and extension was 5 degrees; and lateral flexion to the left was 20 degrees and to the right was

10 degrees. An MRI of the right knee on 12-22-2011 showed suprapatellar effusion and right lateral subluxation of the patellofemoral joint with mild chondromalacia of the patellar cartilage and some fluid in the anterior horn of the lateral meniscus. The medication was prescribed on 07-07-2015. The treatment plan included a trial of Butrans 5mcg per hour patches, one every seven days for chronic pain. The treating physician stated that "he has previously benefitted from opiate therapy with increased function." It was noted that the injured worker was not able to work. The request for authorization was dated 07-07-2015. The treating physician requested Butrans patch 5mcg per hour #4. On 08-12-2015, Utilization Review (UR) non-certified the request for Butrans patch 5mcg per hour #4.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Butrans patch 5mcg/hr #4:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Chronic Pain, Buprenorphine.

**Decision rationale:** According to the ODG, Buprenorphine is recommended as an option for treatment of chronic pain (consensus based) in selected injured workers (not first-line for all injured workers). Suggested populations: (1) Injured workers with a hyperalgesic component to pain; (2) Injured workers with centrally mediated pain; (3) Injured workers with neuropathic pain; (4) Injured workers at high-risk of non-adherence with standard opioid maintenance; (5) For analgesia in injured workers who have previously been detoxified from other high-dose opioids. According to the documents available for review, the injured worker has none of the aforementioned indications for the use of buprenorphine. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established.