

<b>Case Number:</b>	CM15-0026093		
<b>Date Assigned:</b>	02/18/2015	<b>Date of Injury:</b>	08/14/2013
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	01/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2015

### 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: California  
 Certification(s)/Specialty: Internal Medicine

### 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 female who sustained an industrial related injury on 8/14/13. The injured worker had complaints of low back and right leg pain. Physical examination findings included deep tendon reflexes were impaired in the right ankle, a straight leg raise test was negative bilaterally, sensation was intact, and muscle strength was normal. Waddell's sign and Patrick's tests were negative bilaterally. Diagnoses included lumbar or thoracic radiculopathy and disc displacement. Medication included Celebrex, Butrans patch, and Gralise. The treating physician requested authorization for Butrans 5mcg/hr transdermal patch #6. On 1/20/15 the request was non-certified. The utilization review physician cited the Official Disability Guidelines and noted there was no documentation indicating the injured worker has had a trial of non-opioid treatment for chronic pain complaints or that he has failed non-opioid trials. There was no documentation of an opioid treatment plan with functional goals or a plan for monitoring compliance. Therefore the request was non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Butrans 5mcg/hr transdermal patch Qty:6.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80-81, 49. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 12 Low Back Complaints Page(s): 47-48, 308-310, Chronic Pain Treatment Guidelines Buprenorphine Pages 26-27. Opioids Page 74-96. Decision based on Non-MTUS Citation FDA Prescribing Information BUTRANS <http://www.drugs.com/pro/butrans-patch.html>.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (Page 26-27) states that Buprenorphine is recommended as an option for chronic pain. MTUS Chronic Pain Medical Treatment Guidelines address opioids. The lowest possible dose should be prescribed to improve pain and function. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 3 states that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal symptoms. Opioids should be used only if needed for severe pain and only for a short time. ACOEM guidelines state that the long-term use of opioids is not recommended for back conditions. FDA Prescribing Information states that Butrans (buprenorphine) patch is indicated for the management of moderate to severe chronic pain when a continuous, around-the-clock opioid analgesic is needed for an extended period of time. The medical records document chronic low back complaints. The progress report dated 1/5/15 documented that the patient stated that Norco does not help. The patient reported that her pain is intermittent. Per FDA guidelines Butrans (Buprenorphine) patch is indicated for moderate to severe chronic pain when a continuous, around-the-clock opioid analgesic is needed for an extended period of time. According to the 1/5/15 progress report, the patient reported that her pain is intermittent, not around-the-clock. Therefore, the use of Butrans is not supported by FDA guidelines. Medical records document the long-term use of opioids. ACOEM guidelines indicate that the long-term use of opioids is not recommended for low back conditions. Per MTUS, the lowest possible dose of opioid should be prescribed. Therefore, the request for Butrans is not medically necessary.