

<b>Case Number:</b>	CM15-0026238		
<b>Date Assigned:</b>	02/18/2015	<b>Date of Injury:</b>	10/21/1999
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	02/05/2015
<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: New York, Tennessee  
 Certification(s)/Specialty: Emergency 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 58 year old female who sustained an industrial injury on 10/21/99. The injured worker reported symptoms in the back and lower extremities. The diagnoses included post laminectomy syndrome lumbar. Treatments to date include oral pain medication. In a progress note dated 1/20/15 the treating provider reports the injured worker was with "low back and bilateral lower extremity pain, neuropathic low back pain.". On 2/5/15 Utilization Review non-certified the request for Bultrans 10 micrograms/hour patch quantity of 4. The MTUS, ACOEM Guidelines, (or ODG) was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bultrans 10mcg/ hr/ patch #4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 27. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain, Buprenorphine.

**Decision rationale:** Butrans is a topical preparation of buprenorphine. Buprenorphine is a partial opioid agonist. It is recommended as an option for treatment of chronic pain (consensus based) in selected patients (not first-line for all patients). Suggested populations: (1) Patients with a hyperalgesic component to pain; (2) Patients with centrally mediated pain; (3) Patients with neuropathic pain; (4) Patients at high-risk of non-adherence with standard opioid maintenance; (5) For analgesia in patients who have previously been detoxified from other high-dose opioids. Use for pain with formulations other than Butrans is off-label. Due to complexity of induction and treatment the drug should be reserved for use by clinicians with experience. IN this case there is no documentation that the patient is a member of the suggested populations for buprenorphine use. There is no high-risk of non-adherence to standard opioid maintenance and the there is no documentation that the patient has been previously detoxified from other high-dose steroids. Medical necessity has not been established. The request should not be authorized.