

<b>Case Number:</b>	CM15-0076850		
<b>Date Assigned:</b>	04/29/2015	<b>Date of Injury:</b>	01/28/2011
<b>Decision Date:</b>	05/29/2015	<b>UR Denial Date:</b>	04/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/22/2015

### 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 52 year old female with an industrial injury dated 01/28/2011. Her diagnosis includes cervical myofascial pain syndrome, persistent nausea and vomiting, migraine headaches, chronic lumbar pain, left lumbar 4- lumbar 5 radiculopathy and left hip myofascial pain syndrome. Prior treatment included lumbar epidural steroid injections. She presents on 04/07/2015 noting compound cream medication has reduced pain by over 50%. Butran has reduced the severity of her spinal pain. The provider notes the activities of daily living continue to remain significantly limited by chronic pain but are tolerated with her current medication regimen. Physical exam revealed limited gait even with a cane. Cervical spine was tender to pressure on the cervical facets on the left in the lower cervical spine. Slight pressure on the lumbar spine was painful to the injured worker. The treatment plan included pain management with Butran.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Butrans 70ug/hr patch, QTY: 4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 26-27. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain buprenorphine.

**Decision rationale:** Butrans is a transdermal preparation of the partial opioid agonist buprenorphine. 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 has failed treatment with first line analgesic or has had any of the conditions of the suggested populations for butrans use. Medical necessity has not been established. The request is not medically necessary.