

<b>Case Number:</b>	CM15-0090691		
<b>Date Assigned:</b>	05/15/2015	<b>Date of Injury:</b>	08/21/1997
<b>Decision Date:</b>	06/25/2015	<b>UR Denial Date:</b>	04/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/11/2015

### 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: Texas, Florida

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 55 year old female, who sustained an industrial injury on August 21, 1997. She reported neck pain, arm pain and low back pain. The injured worker was diagnosed as having post laminectomy syndrome of the lumbar spine, displacement of cervical intervertebral disc without myelopathy, cervical spondylosis with myelopathy and lumbar spondylosis with myelopathy. Treatment to date has included radiographic imaging, diagnostic studies, surgical interventions of the lumbar spine, facet joint injections, conservative care, medications and work restrictions. Currently, the injured worker complains of severe cervical spine pain, arm pain, headaches, difficulty with ambulation, low back pain with associated radiating pain, tingling and numbness into the right lower extremity and sleep difficulty. The injured worker reported an industrial injury in 1997, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. It was noted she found benefit with pain medications and previous weaning attempts were failed secondary to increased pain and decreased function. She was scheduled for hardware removal of the lumbar spine. Evaluation on December 19, 2014, revealed continued pain as noted. Evaluation on March 10, 2015, revealed a 50% improvement in low back pain since hardware removal surgery however she still had persistent pain. Magnetic resonance imaging of the lumbosacral spine revealed foraminal stenosis, spondylosis and post-operative changes. Butrans patch was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Butrans 20 mcg/hr patch Qty 4 with 3 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Buprenorphine Page(s): 78-88, 91, 124; 26-27.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 26-27. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the short term treatment of severe musculoskeletal pain when standard treatment with NSAIDs and non opioid medications. The guidelines recommend that Butrans be utilized as a second line opioid in patient with a past history of addiction, detoxification of failed therapy with first line opioids. The records did not show that the patient failed treatment with first line opioid medications. There is no documentation supporting the special indication for the use of Butrans patch. The criteria for the use of Butrans 20mcg/hr patch #4 with 3 refills was not met. The request is not medically necessary.