

<b>Case Number:</b>	CM15-0092915		
<b>Date Assigned:</b>	05/19/2015	<b>Date of Injury:</b>	01/12/2013
<b>Decision Date:</b>	06/19/2015	<b>UR Denial Date:</b>	05/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2015

### 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, Indiana, New York  
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 39-year-old male, who sustained an industrial injury on January 12, 2013, incurring lumbar spine and leg injuries, after repetitive activities working his job. Magnetic Resonance Imaging of the lumbar spine revealed disc disease. He was diagnosed with lumbar disc disease and lumbar radiculopathy. He underwent spinal fusion. Treatment included anti-inflammatory drugs, epidural steroid injection, pain medications, neuropathic medications, chiropractic sessions, and home exercise program and work restrictions. Currently, the injured worker complained of constant 5/10 pain in the lumbar spine radiating into the lower right leg. The pain increases to an 8/10 with heavy lifting, bending, twisting and stooping. The treatment plan that was requested for authorization included a prescription for a Butrans Transdermal Patch.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Butrans Patch 5mcg/Hr 1 Transdermal Every Week #4, Refills: 0:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Butrans.

**Decision rationale:** Pursuant to the Official Disability Guidelines, Butrans patch 5mcg/hour one transdermal every week #4 with no refills is not medically necessary. Butrans is recommended as an option for treatment of chronic pain in selected patients (not a first-line drug). Suggested populations are patients with hyperalgesia complement pain; patients with centrally mediated pain; patients with neuropathic pain; patients at high risk of nonadherence with standard opiate maintenance; and for analgesia in patients who have previously been detoxified from other high-dose opiates. In this case, the injured worker's working diagnoses are low back pain with radiculopathy; and lumbar disc disease. Documentation shows the injured worker was using Voltaren, Gabapentin and Ultracet for pain and progress note dated January 5, 2015. These medications were continued through April 22, 2015. Pain was worsening according to the April 22, 2015 progress note. The treating provider added Butrans for additional pain management. The treating provider did not exhaust management of pain with long-acting opiates. There is no documentation of a trial with morphine sulfate, OxyContin or Oxycodone. Additionally, there is no trial and/or treatment failure with antidepressants or anticonvulsants. Consequently, absent clinical documentation with anticonvulsants and antidepressants and long-acting opiates, Butrans patch 5mcg/hour one transdermal every week #4 with no refills is not medically necessary.