

<b>Case Number:</b>	CM15-0095129		
<b>Date Assigned:</b>	05/21/2015	<b>Date of Injury:</b>	08/30/2000
<b>Decision Date:</b>	06/30/2015	<b>UR Denial Date:</b>	04/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/18/2015

### 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, California

Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 66 year old female patient who sustained a work related injury August 30, 2000. She sustained the injury due to cumulative trauma. The diagnoses include s/p two-level lumbar spine fusion; herniated nucleus pulposus C5-6, C6-7; s/p cervical spine radiofrequency neurolysis; s/p hardware injections x 6; exacerbation of chronic low back pain. According to a primary treating physician's progress report, dated April 14, 2015, she presented with ongoing lower back pain, rated 5/10, described as aching, burning, sharp, stabbing, throbbing pressure and numbness. She also complains of cervical pain located in the left and right side of the neck, rated 7/10. The pain is described as aching, burning, radiating, sharp, and throbbing. Medication was reviewed and she has no side effects, complications, or aberrant behavior ,and urine drug screen 1/25/2015, was within normal limits. The physical examination revealed pain on palpation over the lumbar hardware, pain with rotational extension, bilateral triggering and ropy fibrotic banding; positive pelvic thrust on the left positive, Faber's maneuver positive bilaterally and Gaenslen's maneuver positive bilaterally. The medications list includes ambien, ibuprofen, ultram ER and omeprazole. Treatments to date include MRI and x-ray testing, surgery, physical therapy and prescription pain medications. Treatment plan included discussion on addiction and habituation with the use of narcotics, peer to peer discussion regarding SI (sacroiliac joint) injections. At issue, is the request for authorization for Butrans patch.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use: page 76-80 Buprenorphine page 26-27.

**Decision rationale:** Butrans patch 10mcg/hr #4, Butrans contains Buprenorphine which is a partial opioid agonist. According to the cited guideline Buprenorphine is, "Recommended for selected patients for treatment of opioid dependence." The medications list includes Ambien, ibuprofen, Ultram ER and omeprazole. Evidence that the patient has opioid dependence and that the buprenorphine is going to be used for that is not specified in the records provided. According to the cited guidelines, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that the patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Continuing review of overall situation with regard to nonopioid means of pain control." The continued review of overall situation with regard to nonopioid means of pain control is not documented in the records provided . The medical necessity of Butrans patch 10mcg/hr #4 is not fully established for this patient.