

<b>Case Number:</b>	CM15-0099697		
<b>Date Assigned:</b>	06/02/2015	<b>Date of Injury:</b>	09/05/2002
<b>Decision Date:</b>	06/30/2015	<b>UR Denial Date:</b>	05/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/24/2015

### 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 Jersey

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:

The injured worker is a 60 year old female, who sustained an industrial injury on September 5, 2002. The mechanism of injury was not provided. The injured worker has been treated for low back complaints. The diagnoses have included lumbar radiculitis, lumbar degenerative joint disease, chronic pain with associated psychological factors and medical condition, lumbar radiculopathy, lumbar disc protrusion with severe canal and foraminal stenosis and chronic sprain of the left ankle. Treatment to date has included medications, radiological studies, MRI, myocardial perfusion study, lumbar epidural steroid injections, acupuncture treatments, individual cognitive behavior therapy and physical therapy. Current documentation dated April 17, 2015 notes that the injured worker reported low back pain with bilateral leg symptoms. Examination of the lumbar spine revealed moderate tenderness and a full, painless range of motion. Strength, stability and tone were normal. Right lower extremity strength was noted to be a four /five. A straight leg raise test was positive bilaterally. The treating physician's plan of care included a request for the medication Butrans 10 mcg/hour # 4.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 76-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, p. 78-96, Buprenorphine, pp. 26-27. Decision based on Non-MTUS Citation ODG, Pain section Buprenorphine.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. The MTUS Chronic Pain Treatment Guidelines state that buprenorphine is primarily recommended for the treatment of opiate addiction, but may be considered as an option for chronic pain treatment, especially after detoxification in patients with a history of opiate addiction. Buprenorphine is recommended over methadone for detoxification as it has a milder withdrawal syndrome compared to methadone. The ODG also states that buprenorphine specifically is recommended as an option for the treatment of chronic pain or for the treatment of opioid dependence, but should only be prescribed by experienced practitioners. Buprenorphine is only considered first-line for patients with: 1. Hyperalgesia component to pain, 2. Centrally mediated pain, 3. Neuropathic pain, 4. High risk of non-adherence with standard opioid maintenance, and 5. History of detoxification from other high-dose opioids. In the case of this worker, there was insufficient evidence found from the notes provided that this full review regarding Butrans patch use including an assessment of functional gains and pain level reduction (measurable) directly related to the Butrans patch which would help justify its continuation. It appears that the worker's pain is still very high regardless of using this medication, suggestive of minimal benefit. Therefore, the request for Butrans will be considered medically unnecessary. If planning on discontinuing, weaning is recommended.