

<b>Case Number:</b>	CM14-0144310		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	04/23/2004
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	08/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2014

### 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. The expert reviewer is Board Certified in Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 64-year-old man who sustained a work-related injury on April 23, 2004. Subsequently, she developed chronic left hip and back pain. According to the follow-up report dated September 3, 2014, the patient has had increasing pain in his back, which has radiated down his right leg into the right thigh and knee. He has difficulty getting comfortable, difficulty sleeping, and difficulty walking. An MRI scan reconstructed in the sagittal and coronal view showed collapse and retrolisthesis of the L3-4 area with severe narrowing of the L3 nerve root canals. In addition, he has pain across his very low back in an area where the spine has been previously fused. A lumbar spine x-ray dated July 23, 2014 showed interval degeneration of the L3-4 disc and mild degeneration of L2-3. His physical examination demonstrated increased numbness in the right thigh; reduced quadriceps strength rated 4/5 bilaterally and reduced knee jerk bilaterally. The patient was diagnosed with lumbar post laminectomy syndrome, chronic pain syndrome, and insomnia. Prior treatments included TENS trial, acupuncture, medications. The provider requested authorization for Butrans.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Butrans 10mcg/hr:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) < Criteria for use of opioids, page(s) 179.

**Decision rationale:** According to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. Butrans is recommended to treat opioid addiction and to manage pain after detoxification in patients with a history of opioid addiction. There is no clear documentation that the patient is suffering from opioid addiction or is detoxified from the use of opioids. There is no clear documentation of patient improvement in level of function, and quality of life with previous use of opioids which were prescribed at least since 2013. Therefore, the request for BUTRANS 10 mcg/hr is not medically necessary.