

<b>Case Number:</b>	CM14-0148118		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	08/25/2008
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	08/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 41-year-old male who reported an injury due to heavy lifting on 08/25/2008. On 04/07/2014, his diagnoses included right lower quadrant abdominal pain, right inguinal repair on 05/15/2009, pain in shoulder, and lumbago. His complaints included shoulder, low back, and groin pain. His medications included Relafen 500 mg, Butrans 10 mcg/hr patch, Prilosec DR 20 mg and gabapentin 600 mg. He stated that the Butrans patch did help to decrease his pain in his back and shoulder. A request for authorization dated 04/08/2014 was included in this worker's chart.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Butrans 10mcg/hr #4 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Buprenorphine Page(s): 74-95 26-27.

**Decision rationale:** The request for Butrans 10 mcg/hr, #4 with 3 refills, is not medically necessary. The California MTUS Guidelines recommend ongoing review of opioid use including documentation of pain relief, functional status, appropriate medication use, and side

effects. It should include current pain and intensity of pain before and after taking the opioid. Satisfactory response to treatment may be indicated by decreased pain, increased level of function, or improved quality of life. In most cases, analgesic treatment should begin with acetaminophen, aspirin, NSAIDs or antidepressants. Long term use may result in immunological or endocrine problems. The Butrans patch is recommended for treatment of opiate addiction. It is also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. There was no documentation in the submitted chart regarding appropriate long term monitoring/evaluations, including side effects, failed trials of NSAIDs, aspirin, or antidepressants, quantified efficacy or drug screens. There was no indication in the submitted documentation that this worker had an opiate addiction. Additionally, there was no frequency specified in the request. Since he was taking 2 opiate medications at the time of the request, without the frequency, the morphine equivalency dosage could not have been calculated. Furthermore, the request did not specify that this was to have been a patch, the body part where it was to have been applied or the frequency of application. Therefore, this request for Butrans 10 mcg/hr, #4 with 3 refills, is not medically necessary.