

<b>Case Number:</b>	CM14-0155570		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	02/28/2006
<b>Decision Date:</b>	11/05/2014	<b>UR Denial Date:</b>	09/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2014

### 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, has a subspecialty in Pain Medicine 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 63-year-old female who reported an injury on 02/28/2006. The mechanism of injury was continuous trauma. Diagnoses included bilateral ulnar neuropathy, and bilateral medial epicondylitis. Past treatments included physical therapy, a home exercise program, and medications. Pertinent diagnostic studies were not provided. Surgical history included carpal tunnel release, and de Quervain's tenosynovectomy. The clinical note dated 08/29/2014 indicated the injured worker complained of pain to the bilateral wrists and hands, rated 7/10. The physical exam revealed findings for lateral epicondylitis, median nerve entrapment, and substantial swelling. Current medications included Butrans patch 20 mcg/hour, ibuprofen 600 mg, Cymbalta 60 mg, omeprazole 20 mg, Lidoderm 5% patch, and Wellbutrin 100 mg. The treatment plan included Butrans patch 20 mcg/hour with 3 refills. The rationale for the treatment plan was not provided. The Request for Authorization form was completed on 09/03/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Butrans Patch 20mcg/hr #4Refill: 3Apply 1 to skin every 7 days: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Buprenorphine Page(s): 27-28.

**Decision rationale:** The request for Butrans patch 20 mcg/hour #4 with 3 refills is not medically necessary. The California MTUS Guidelines indicate that buprenorphine is recommended for treatment of opioid addiction, and also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opioid addiction. The clinical documentation provided indicated the injured worker complained of pain and weakness in the bilateral hands and wrists. She rated the pain 7/10. The physician noted that the injured worker previously benefited from the half dosing of the Butrans patch, but there is a lack of documentation of the efficacy of the requested medication, including quantified pain relief and functional improvement. Additionally, there is a lack of documentation indicating a prior history of opiate addiction, thus requiring the need for the requested medication. The requested medication with 3 refills would not allow for the periodic reassessment of efficacy. Therefore, the request for Butrans patch 20 mcg/hour #4 with 3 refills, apply 1 to the skin every 7 days, is not medically necessary.