

Case Number:	CM13-0028293		
Date Assigned:	11/22/2013	Date of Injury:	02/17/2013
Decision Date:	01/23/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	09/23/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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 physician 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain, chronic neck pain, and chronic low back pain reportedly associated with an industrial lifting injury of February 17, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; muscle relaxant; a shoulder corticosteroid injection; apparent diagnosis with a partial thickness rotator cuff tear; prior arthroscopic left shoulder surgery on May 6, 2013; and reported return to work with limitations in place. In a utilization review report of September 16, 2013, the claims administrator denied a request for BuTrans patches. It is stated that the applicant is using Norco one to two tablets a day and Motrin up to three times a day for pain relief. The applicant is given a prescription for BuTrans and asked to remain off of work, on total temporary disability. It is stated that the applicant is not having any depressive symptoms, does not have any risk of alcohol or prescription drug abuse, and is not exhibiting any aberrant behaviors associated with misuse of opioid medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of Butrans 10 microgram patches qty 4 for the left shoulder: Upheld

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

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

Decision rationale: As noted on page 26 of the MTUS Chronic Pain Guidelines, BuTrans or buprenorphine is recommended in the treatment of opioid addiction. In this case, it does not appear that the applicant has any issues with opioid addiction or risk of opioid addiction for which usage of BuTrans would be indicated. In fact, the attending provider has specifically stated that the applicant has no known risk fractures for opioid misuse and/or drug misuse. BuTrans does not therefore appear to be most appropriate choice of drug here. The request for a purchase of Butrans 10 microgram patches qty 4 for the left shoulder is not medically necessary and appropriate.