

<b>Case Number:</b>	CM13-0041818		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	12/02/2011
<b>Decision Date:</b>	02/10/2014	<b>UR Denial Date:</b>	09/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2013

### 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 Family Medicine and is licensed to practice in Texas. 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 patient is a 53-year-old female who reported a work-related injury on 12/02/2011 as the result of cumulative trauma to the cervical spine. The clinical note dated 11/15/2013 reported that the patient was seen under the care of [REDACTED]. The patient presented for treatment of the following diagnoses: cervical ankylosis; positive facet provocation and cervical spine sprain/strain; right upper extremity repetitive injury; bilateral shoulder ankylosis, right greater than left; lateral supraspinatus outlet; subacromial/subdeltoid bursa; bilateral carpal tunnel syndrome; pain-induced depression; migraine headaches; and medication sensitivity to Cymbalta. The clinical note documents that the patient utilizes the following medications: famotidine, Ambien, Lyrica, Celebrex, omeprazole, Butrans patch, Norco 10/235 mg 1/2 tab 4 times a day, Pennsaid, lorazepam, Biofreeze, tramadol, Flexeril and Maxalt. The provider documented that activities of daily living were limited due to increased pain and withdrawal symptomatology from the discontinuation of Cymbalta. The provider documented that upon physical exam of the patient's bilateral shoulders, the left shoulder had near full range of motion; however, the right shoulder presented with 110 degrees of flexion, 50 degrees of extension, 40 degrees of adduction, 90 degrees of abduction, 0 degrees of internal rotation and 70 degrees of external rotation. The provider documented that the patient was disabled due to the combination of pain to her cervical spine, right upper extremity, and shoulder, as well as reduced sleep limiting the ability to focus and concentrate, which was decreasing with treatment. The provider documented a recommendation for the patient to utilize individual psychotherapy interventions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Butrans patch 5mcg/hr #4:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

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

**Decision rationale:** The current request is not supported. The clinical documentation submitted for review evidences that the patient has been recommended to discontinue the utilization of this analgesic for her pain complaints as the clinical notes failed to document that the patient meets the criteria for the utilization of a Butrans patch, which, per the California MTUS, is recommended for the treatment of opiate addiction. The patient utilizes multiple medications for her pain complaints without significant benefit or efficacy noted. The provider documented that the patient utilized famotidine, Ambien, Lyrica, Celebrex, omeprazole, Butrans, Norco, Pennsaid, lorazepam, Biofreeze, tramadol, Flexeril and Maxalt. The clinical notes failed to document the patient's reports of efficacy as evidenced by a decrease in the rate of pain and an increase of objective functionality to support the requested intervention. Given all of the above, the request for a Butrans patch at 5 mcg/hr #4 is neither medically necessary nor appropriate.