

Case Number:	CM13-0045045		
Date Assigned:	12/27/2013	Date of Injury:	04/20/2005
Decision Date:	02/24/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	10/31/2013

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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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 patient is a 68-year-old male who reported an injury on 04/20/2005. The mechanism of injury was a pulling injury. The patient was diagnosed with status post open rotator cuff repair on 06/18/2005 and 11/28/2005; status post revision acromioplasty and rotator cuff repair on 11/17/2006; status post right shoulder arthroscopic rotator repair and arthroscopic capsular release, extensive debridement and manipulation under anesthesia on 06/06/2007; and adhesive capsulitis of the right shoulder. The patient continued to complain of pain to the right shoulder. The physician's progress report stated the patient was taking prescription pain medication 4 times a day and that it does not help. The patient reported he is having pain all day, every day. The patient rated his pain at 6/10 to 8/10. The patient is using Norco for pain and a Butrans pain patch. The patient had decreased range of motion with shoulder flexion and abduction. The patient's muscle strength with flexion was 4+/5, otherwise normal.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans 10mcg: 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: California MTUS recommends Butrans patch for the treatment of opioid addiction. Butrans is also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opioid addiction. The patient continued to complain of pain to the shoulder that is being treated with Norco. However, the clinical documentation submitted for review does not indicate an opiate addiction. Also, no documentation was submitted indicating the patient has gone through detoxification for opiate addiction. Given the lack of documentation to support guideline criteria, the request is non-certified.