

Case Number:	CM13-0046491		
Date Assigned:	12/27/2013	Date of Injury:	06/08/2010
Decision Date:	02/24/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	11/12/2013

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 Geriatrics, and is licensed to practice in New York. 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 worker sustained an injury on 6-8-10 when she tripped while walking up stairs and hit her right shoulder on the railing. She has a history of chronic neck pain with radiation to her bilateral upper extremities and right shoulder and elbow pain. At issue in this review is a request for Butrans 5mcg patch #4. A physician visit of 9/4/13 noted that she complained of knee pain and radiating neck pain and right shoulder pain 7/10 with medications and 8-9/10 without medications. On physical exam, she had moderate reduction in range of motion in her cervical spine due to pain. She had vertebral tenderness over C4-7 level. Her motor and sensory exam revealed 'no change'. She had myofascial trigger points on the right rhomboid muscles. She was prescribed Voltaren gel and Butrans 5mcg patch to be changed weekly. She has been treated with multiple other medications in the past and said to have failed them due to intolerance or limited response.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans 5mcg patch #4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-80.

Decision rationale: This injured worker has neck back pain with an injury sustained in 2010. Her medical course has included numerous diagnostic and treatment modalities. Per the chronic pain guidelines for opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit fails to document any improvement in pain, functional status or side effects to justify long-term use. Additionally, opioids are not recommended as a first line therapy for neuropathic pain. The Butrans is denied as not medically necessary.