

Case Number:	CM13-0061127		
Date Assigned:	12/30/2013	Date of Injury:	08/07/2006
Decision Date:	06/02/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	12/04/2013

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, 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 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 patient is a 73 year old female who was injured on 08/07/2006. The mechanism of injury is unknown. Prior treatment history has included the following medications: Butrans 10mcg/hr patch apply as directed, change every 7 days for 30 days. Voltaren gel 1% to apply 1-4 grams to area as directed for 30 days, #400 and Voltaren XR, Tizanidine HCL 2 mg, Norco 10-325 mg, and Neurontin 100 mg. Progress note dated 11/01/2013 documented the patient to have complaints of neck pain that radiates to the left upper extremity. The patient also complains of left shoulder pain. The patient's pain level is unchanged with average pain level of 6/10 with medications and 10/10 without medications. The patient reports activity of daily living limitations in the following areas: self-care/hygiene, hand function and sleep. Objective findings on exam revealed the Final Determination Letter for [REDACTED] patient was observed to be in moderate distress. The range of motion of the cervical spine revealed moderate reduction secondary to pain. Spinal vertebral tenderness was noted in the cervical spine at the C4-C7 level. Cervical myofascial tenderness and paraspinous muscle spasm was noted on palpation. Diagnoses: 1. Cervical radiculitis 2. Cervical radiculopathy 3. Cervical disc degeneration 4. Myalgia.myositis 5. Osteoarthritis 6. Left shoulder pain 7. Right knee pain 8. Medication related dyspepsia 9. Treated under FMC 10. Status post left shoulder surgery Treatment Plan: Opiate analgesic medications have been renewed. Authorization for refill is requested. This patient is a long term user of opiates and has diagnosis which includes chronic pain. NSAIDs and alternative analgesic have either been ineffective alone or not well tolerated.

IMR ISSUES, DECISIONS AND RATIONALES

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

BUTRANS 10MCG/HR PATCH #4, X 2: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG PAIN OPIOIDS CRITERIA FOR USE WHEN TO CONTINUE OPIOIDS AND WHEN TO DISCONTINUE OPIOIDS.

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

Decision rationale: As per CA MTUS Medical Guidelines pages 26-27 indicates, "buprenorphine is recommended for treatment of opiate addiction. Also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction." In this case, although there is no mention of opiate addiction or previous detoxification; however, this patient is a long-term opiate user and has a diagnosis which includes chronic pain. The request is for one month supply of Butrans patch for weaning process of opioid medication. Thus, the medical necessity has been established and the request is certified.