

Case Number:	CM13-0065977		
Date Assigned:	03/03/2014	Date of Injury:	05/31/1994
Decision Date:	05/26/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/16/2013

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 & Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 64-year-old female who reported an injury on 05/31/1994. The mechanism of injury was a fall that resulted in intense pain to the injured worker's neck, back, head, and shoulders. The injured worker was initially prescribed medications and activity restrictions; however, her symptoms failed to resolve. She was later referred for multiple imaging studies, psychiatric care, orthopedic consults, and physical therapy. The injured worker received a left total knee arthroplasty in 02/2010. Her current diagnoses include cervical discopathy, right shoulder rotator cuff tendinitis/bursitis, right elbow lateral epicondylitis, lumbar discopathy, anxiety/depression/insomnia, hypertension, and right shoulder pain, chronic. The injured worker was recently approved for right shoulder impingement surgery; however, it is unknown if this was ever performed.

IMR ISSUES, DECISIONS AND RATIONALES

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

BUTRANS 20MCG/HR PER HOUR Q WEEK X4 PATCH, REFILLABLE MONTHLY:
Upheld

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

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

Decision rationale: The California MTUS/ACOEM Guidelines recommend Butrans to treat chronic pain, especially if there are attempts to wean a patient from opioids. In further detail, this medication is recommended for patients at high risk of non-adherence with standard opioids, patients who have a hyperalgesic component to pain, patients with centrally mediated pain, and for patients who have been previously detoxified. The clinical information submitted for review indicated that the injured worker was placed on a re-trial of Butrans beginning 07/11/2013. Unfortunately, the clinical notes prior to this date of prescription, did not provide any evidence that the injured worker was not receiving sufficient pain control with the use of her current medications; no objective pain levels or functional measurements were provided. Additionally, there were no clinical notes submitted for review detailing the prior effectiveness of this medication. As the medical records did not provide evidence of ineffective pain medications prior to the use of Butrans, and no evidence of prior success with the initial trial of Butrans, medical necessity and guideline compliance cannot be determined. In addition, there is no desired amount of refills, and this medication cannot be approved indefinitely. As such, the request for Butrans 20mcg/hr per hour a week x4 patch, refillable monthly is not medically necessary.