

Case Number:	CM14-0007556		
Date Assigned:	02/10/2014	Date of Injury:	04/24/2009
Decision Date:	07/28/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/21/2014

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 Occupational Medicine has a subspecialty 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:

This is a 56-year-old male who has reported shoulder pain after an injury on 4/24/09. His diagnoses include chronic pain syndrome, depression, frozen shoulder, and shoulder impingement. Prior to this injury date, the injured worker had been treated with a right shoulder subacromial decompression and rotator cuff repair in 1997 and a revision arthroscopic surgery in 1999. A revision right shoulder arthroscopic biceps tenotomy and subacromial decompression was performed in 2010. In 2012, another arthroscopic debridement and subacromial decompression was performed. The primary treating physician has reported a head injury and seizure with a prolonged stay in the ICU in 2012. Per the progress report of 11/18/13 and 11/22/13, there was ongoing neck and shoulder pain, with only "a little" pain relief from medications. At the initial presentation at the office of the primary treating physician on 11/18/13, he had been taking Vicodin and Motrin daily. He was then prescribed Ultram, with no pain relief. Ultram had been stopped and Butrans started on 11/22/13. Pain was 8/10. The injured worker was reportedly fired in 7/2009. Right shoulder range of motion was decreased. The shoulder was tender and there was breakaway weakness. The treatment plan included permanent partial disability (not described further); Butrans, next visit in 4 weeks with a urine drug screen, and shoulder MRI. The listed records include those that mention the seizure disorder in 2012, and medications in 2013 including anti-epilepsy drugs, a hypnotic, an antidepressant, and a benzodiazepine. Some of the records listed prior use of opioids. The treating physician reported reviewing these records for 3 hours. Per the progress note of 12/20/13, there was ongoing neck and shoulder pain, with only a little pain relief from medications. Butrans had not been started, reportedly due to lack of authorization. Pain was 8/10. Right shoulder range of motion was decreased (not specified further). The shoulder was tender and there was breakaway weakness. A urine drug screen in the office now showed opiates and benzodiazepines, not consistent with

prescriptions (details of the urine drug screen not discussed). The injured worker stated that he obtains Vicodin from his relatives. The treatment plan included shoulder injection, permanent partial disability (not described further), Butrans, next visit in 4 weeks with a urine drug screen. On 1/9/14, Utilization Review partially certified a prescription for Butrans after a discussion with the treating physician, noting the failed urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

BUTRANS PATCHES: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid management Opioids, steps to avoid misuse/addiction indications, Chronic back pain Mechanical and compressive etiologies Page(s): 77-81, 94, 80, 81.

Decision rationale: There is no evidence that the treating physician is prescribing opioids (Buprenorphine or other) according to the Chronic Pain Medical Treatment Guidelines, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract, and there should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. The guidelines recommend Buprenorphine for treatment of opiate addiction, and as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. This injured worker does not meet these indications, per the history presented by the current treating physician. There are no functional goals. Work status and other current function were not addressed. There is no random drug-testing program in evidence, as urine drug screens are scheduled at office visits. The injured worker failed the urine drug screen that was performed, and the necessary details about the screen were not discussed (what drugs were assayed, was there a confirmation test, was it qualitative only, was the collection forensic, were there validity tests, etc). The treating physician did not fully address the medications prescribed by other physicians, which include several psychoactive medications with possible additive effects with opioids. The treating physician did not address the prior results of using opioids. The treating physician did not address the guideline recommendations for opioids, steps to avoid misuse/addiction. Therefore, the request for Butrans patches is not medically necessary.