

Case Number:	CM14-0104841		
Date Assigned:	07/30/2014	Date of Injury:	07/19/2006
Decision Date:	09/30/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/08/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 54 year-old individual was reportedly injured on 7/19/2006. The mechanism of injury is noted as a work related injury while using an electric saw. The most recent progress note, dated 7/10/2014, indicates that there are ongoing complaints of left upper extremity pain. The physical examination demonstrated left upper extremity: positive tenderness to palpation at the left elbow and left hand. Mild swelling in the left hand. Decreased sensation to light touch in the left upper extremity and affected dermatome is C6-C7. Decreased strength in the left upper extremity, grip strength testing was significantly decreased compared contralateral side. No recent diagnostic studies are available for review. Previous treatment includes medications, surgery, and conservative treatment. A request had been made for Butrans 10mcg patch #4, and was denied in the pre-authorization process on 6/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans 10mcg patch #4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain Page(s): 26-27, 74-95.

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

Decision rationale: The California MTUS guidelines recommend Buprenorphine (Butrans) for the treatment of opiate addiction and as an option for chronic pain, especially after a detoxification program. Review of the available medical records, fails to document that the injured employee meets the criteria for the use of this medication. As such, this request for Butrans patches is not medically necessary.