

Case Number:	CM14-0012608		
Date Assigned:	02/21/2014	Date of Injury:	05/10/2011
Decision Date:	07/24/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	01/31/2014

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, 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 61-year-old female who has submitted multiple claims for carpal tunnel syndrome, bilateral and cervical spinal stenosis associated with an industrial injury date of May 10, 2011. Medical records from August 2013 - January 2014 were reviewed. The patient complained of inability to move her right thumb. She notes tingling in her middle three right fingers. Patient also complains of left knee pain. She notes swelling posteriorly and notes pain anteromedially. Upon examination, the right hand is painful to palpation of lateral aspect especially MCP joint. The Patient was unable to actively adduct or flex thumb. Passive ROM was intact. Tinel sign was positive bilaterally with radiation of pain into index finger on left and radiation into thumb on right. Decreased sensation to light touch of palmar surface of right thumb was noted. The left knee was painful to palpation, especially the anteromedial joint line. The Patient noted pain with active extension, limited to about 45 degrees (from sitting position) and only able to flex back to the neutral sitting position. Patient also noted pain with varus stress felt along anteromedial aspect. Treatment to date has included pain medications, steroid injections and use of TENS unit. Utilization Review, dated January 23, 2014, did not grant the request for Butrans 5 Mcg/Hour Patch Quantity:4 because it was prescribed for chronic non-malignant pain. However, a recent epidemiologic study found that opioid treatment for non-malignant pain did not fulfill any of the key outcome goals.

IMR ISSUES, DECISIONS AND RATIONALES

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

BUTRANS 5 MCG/HOUR PATCH QUANTITY:4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids For Chronic Pain Page(s): 81.

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

Decision rationale: The Californai MTUS Chronic Pain Medical Treatment Guidelines state that buprenorphine is recommended for treatment of opiate addiction. In this case, the patient was prescribed Butrans in July 2012. However, the medical records did not document objective measures of analgesia and functional gains attributed with the use of Butrans. In addition, the medical records also did not provide evidence of history of opiate addiction. In addition, progress report from 12/13/2013 cited that patient no longer uses buprenorphine. There is no clear indication for continued use of this medication. Therefore, the request for Butrans 5 Mcg/Hr Patch Quantity:4 is not medically necessary.