

Case Number:	CM14-0116675		
Date Assigned:	08/04/2014	Date of Injury:	08/03/2010
Decision Date:	10/03/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	07/25/2014

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 Family 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:

This 70 year old patient had a date of injury on 8/3/2010. The mechanism of injury was slipping and falling on wet floor. In a progress noted dated 7/10/2014, subjective findings included left shoulder pain and cervical pain. The symptoms were attenuated with medications and Butrans patches. On a physical exam dated 7/10/2014, objective findings included decreased cervical lumbar range of motion. There was pain with walking on toes, tenderness to palpation. Diagnostic impression shows cervical spondylosis w/o myelopathy, cervical degenerative disc disease, cervical radiculitis, cervical spinal stenosis. Treatment to date: medication therapy, behavioral modification, surgery on left shoulder in 1/2011. A UR decision dated 7/17/2014 denied the request for Butrans Patches 20mcg#4, stating that lack of clear documentation of urine drug screens, risk assessment profile, attempt at weaning/tapering, and pain contract between provider and claimant and ongoing efficacy. In addition, no clear documentation exists for subjective and/or functional benefit with prior use of this medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans Patches 20mcg, #4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Opioids, California Controlled Substance Utilization Review and Evaluation Systems (CURES), [DWC] (<http://ag.ca.gov/bne/trips.htm>)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 26-28. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Buprenorphine

Decision rationale: CA MTUS recommends 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 (see below for specific recommendations). A schedule-III controlled substance, buprenorphine is a partial agonist at the mu-receptor (the classic morphine receptor) and an antagonist at the kappa- receptor (the receptor that is thought to produce alterations in the perception of pain, including emotional response). In the reports viewed, and in the progress report dated 7/10/2014, it was unclear how long this patient has been on this medication, and previous documentation or prior use of opioids were not found.. Furthermore, there was no evidence of urine drug screens and pain contracts. Therefore, the request for Butrans patches 20mcg #4 is not medically necessary.