MAXIMUS Federal Services

Case Number:	CM14-0126368		
Date Assigned:	08/13/2014	Date of Injury:	01/10/2010
Decision Date:	09/11/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	08/08/2014

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, has a subspecialty in Pain Management 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 female patient with a date of injury of January 10, 2010. A utilization review determination dated July 8, 2014 recommends non-certification of Butrans patches 5 per hour, one patch to dry skin every seven days. A progress note dated June 12, 2014 identifies subjective complaints of left hand, left elbow, left shoulder, and right shoulder throbbing, stabbing, shooting, sharp, cramping, gnawing, burning, punishing, cruel, aching, tender, splitting, tiring, sickening, and fearful moderate to severe pain. Increases in ADLs aggravate symptoms and reducing ADLs improve symptoms. The patient cannot tolerate touching the left upper extremity and states air-conditioning aggravates her pain in the entire left arm and shoulder. Current medications include Butrans patch 5 mu./h, ibuprofen containing cream, Cymbalta 60 mg one per day, Ellisville, Flexeril, gabapentin, Neurontin 300 mg TID, Norco 10/325 every 4 to 6 hours, Prilosec, and tramadol. Physical examination identifies tenderness palpation of the left upper extremity, tenderness at the subacromial region of the right shoulder and of the right acromioclavicular joint, hyperalgesia to touch in the left upper extremity especially in the left second digit, more fullness in the left scalene muscle, tenderness and hypertonicity of the left scalene muscles, grip is 4/5 in the left-hand accompanied by pain, range of motion of the cervical spine decreased by 35%, bilateral shoulder abduction is 90 and accompanied with pain, and left elbow supination is about 50 and accompanied by pain. The diagnosis is reflex sympathetic dystrophy of the left upper extremity. The treatment plan recommends a left stellate ganglion block, prescription for Butrans patches 5 per hour every seven days, continuation of Cyclobenzaprine, consultation with [redacted] for her right shoulder, and the patient has an appointment to go to HELP program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans patches 5 mcg per hour, one patch to dry skin Q 7 days: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 26-27, 76-79 of 127.

Decision rationale: Regarding the request for Butrans patches 5mcg/hr one patch apply to dry skin every 7 days, California Pain Medical Treatment Guidelines state that Butrans is recommended for treatment of chronic pain. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Within the documentation available for review, there is chronic pain. However, there is no indication that the Butrans is improving the patient's function or pain (in terms of percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. In the absence of such documentation, the currently requested, Butrans patches 5mcg/hr one patch apply to dry skin every 7 days is not medically necessary.