

Case Number:	CM14-0126597		
Date Assigned:	08/13/2014	Date of Injury:	05/14/2003
Decision Date:	11/05/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/11/2014

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 Medicine and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 54-year-old female with a reported date of injury on 05/14/2003. The mechanism of injury was not noted in the records. The injured worker's diagnoses included impingement shoulder syndrome, neck sprain/strain, and bilateral carpal tunnel syndrome. The injured worker's past treatments included pain medication, physical therapy, and surgical intervention. There was no relevant diagnostic imaging submitted for review. The injured worker's surgical history included right elbow and wrist surgery on 10/01/2013. The subjective complaints on 07/16/2014 included right shoulder pain that was radiating distally. The objective physical exam findings noted a slight decrease in range of motion to the cervical spine and tenderness to palpation to the right shoulder with a positive impingement test. The injured worker's medications included Lyrica 300 mg, Norco 10/325 mg, Butrans patch 20 mcg, amitriptyline 25 mcg, Cymbalta 20 mg, and Voltaren gel. The treatment plan was to order an EMG, and continue and refill medications. A request was received for Butrans DIS 20 mcg/hour day supply 28 #4. The Request for Authorization form was received, and was dated 07/16/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans DIS 20MCG/HR day supply 28 #4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Pain Chapter. See Burpenorphine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Guidelines (ODG), Pain, Buprenorphine for chronic pain

Decision rationale: The request for Butrans DIS 20MCG/HR day supply 28 #4 is not medically necessary. The Official Disability Guidelines state that Butrans criteria are as follows: patients with a hyperalgesic component to pain; patients with centrally mediated pain; patients with neuropathic pain; patients at high risk of nonadherence with standard opioid maintenance; for analgesia in patients who have previously been detoxified from other high dose opioids. The injured worker has chronic pain, and the notes indicate that he has been on the Butrans patch since at least 01/24/2014. There was a lack of documentation in the notes that the patient is hyperalgesic to pain, has a high risk for nonadherence with standard opioid medication, or has previously been detoxified from high dose opioids. In the absence of the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.