

<b>Case Number:</b>	CM14-0156496		
<b>Date Assigned:</b>	09/26/2014	<b>Date of Injury:</b>	07/16/2008
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	09/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2014

### 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 Interventional Spine 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 53-year-old female with an injury date of 07/16/2008. According to the 09/03/2014 progress report, the patient complains of having neck pain which radiates down to both of her shoulders down both her arms and to her hands. The patient feels numbness and tingling in both hands and describes her pain as being constant, burning, and sharp. She has positive tenderness to palpation of the bilateral lateral epicondyle and tenderness to palpation of the bilateral AC joint, right greater than the left. She tested positive for the Neer's test in the right and has severe palpable spasms with positive twitch response of the bilateral cervical paraspinal musculature. She has decreased right hand grip strength, allodynia to light touch, right lateral thumb, mild pain with cervical spine flexion, and extension, and a positive Tinel's sign on the right. The patient's diagnoses include the following: 1. Cervical sprain. 2. Right shoulder impingement syndrome. 3. Carpal tunnel syndrome. The Utilization Review determination being challenged is dated 09/11/2014. Treatment reports were provided from 04/07/2014 - 09/03/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**4 patches of Butrans 20 mcg:** Overturned

**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  
CRITERIA FOR USE OF OPIOIDS Physical medicine Page(s): 76-78, 88, 89.

**Decision rationale:** According to the 09/03/2014 progress report, the patient complains of having neck pain which radiates down to both her shoulders and down both her arms to her hands. The request is for 4 patches of BuTrans 20 mcg. The patient has been using BuTrans for her pain symptoms as early as 04/07/2014. The 08/01/2014 report states that the patient received 70% pain relief by using the BuTrans patch. "The patient states that when she started taking medication, she feels more active and the numbness on hands goes away." The 09/03/2014 report states "the patient states that applying the BuTrans helps alleviate the burning sensation she feels in her neck. The patient states that with taking these pain medications she is able to go out and enjoy herself and she is able to work." The patient's pain level ranges from an 8/10 without medication to a 4/10 with medication in the 08/01/14 report and a 10/10 without medications and a 3/10 with medications in the 09/03/14 report. MTUS Guidelines pages 88 and 89 state, "pain should be assessed at each visit and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior) as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief." In this case, the patient is working with medication working well. Recommendation is for authorization.