MAXIMUS Federal Services

Case Number:	CM14-0156613		
Date Assigned:	09/26/2014	Date of Injury:	10/04/2010
Decision Date:	12/18/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	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 & Rehabilitation and Pain 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 injured worker is a 47-year-old male who reported injury on 10/04/2010. The mechanism of injury was not submitted for review. The injured worker has a diagnosis of lumbar radiculopathy, right shoulder derangement, right shoulder surgery, left shoulder pain, central disc protrusion, cervical degenerative disc disease, cervical facet arthropathy, cervical sprain/strain, lumbar facet joint arthropathy, lumbar sprain/strain, depression, borderline diabetes, and gallstones. Past medical treatment consists of psychotherapy, physical therapy, the use of a TENS unit, ESI, surgery, and medication therapy. Medications consist of Nuvigil, Ambien, levothyroxine, Butrans patch, clonazepam, gabapentin, Cialis, benazepril, and Latuda. No pertinent diagnostics were submitted for review. On 08/26/2014, the injured worker complained of neck pain and bilateral shoulder pain. Physical examination revealed that there was tenderness upon palpation of the right shoulder and of the thoracic and lumbar paraspinal muscles. There was also tenderness upon palpation of the cervical paraspinal muscles overlying the bilateral C5-T1 facet joints. Lumbar, cervical, and right shoulder ranges of motion were restricted by pain in all directions. Right shoulder flexion was 90 degrees, abduction was 90 degrees, and internal rotation was 10 degrees. There was positive crepitus. Lumbar flexion was worse than lumbar extension. Cervical extension was worse than cervical flexion. Lumbar and cervical discogenic provocative maneuvers were positive. Right shoulder impingement maneuvers, including Neer's and Hawkins, were positive. Nerve root tension signs were negative bilaterally, except straight leg raise as positive on the left. Muscle stretch reflexes were 1 and symmetric bilaterally in all limbs. Clonus, Babinski, and Hoffman's signs were absent bilaterally. Muscle strength was 5/5 in all limbs, except for 4/5 in the left tibialis anterior, left extensor hallucis, left gastroc soleus, right biceps and quadriceps. Medical treatment plan was

for the injured worker to continue with medication therapy. The rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans Patch 20 mcg: apply 1 patch q 7 days #4 with 0 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use.

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

Decision rationale: The request for Butrans patch 20 mcg is not medically necessary. The California MTUS Guidelines recommend Butrans when used for treatment of opioid dependence. Clinicians must be in compliance with the Drug Addiction Treatment Act of 2000. Butrans' pharmacological and safety profile makes it an attractive treatment for patients addicted to opioids. Butrans' usefulness stems from its unique pharmacological and safety profile, which encourages treatment adherence and reduces the possibilities for both abuse and overdose. The guidelines stipulate that the use of Butrans be used for patients who are opiate dependent. The submitted documentation lacked the efficacy of the medication, nor was there any inclination that the injured worker had any addictive traits. There was also no rationale submitted for review to warrant the continuation of the medication. Additionally, it was noted in the submitted documentation that the injured worker had been on the medication since at least 08/26/2014, exceeding recommended guideline criteria for short term use due to the possibility of abuse or overdose. Given the above, the injured worker is not within recommended guideline criteria. As such, the request is not medically necessary.