

Case Number:	CM14-0165441		
Date Assigned:	10/09/2014	Date of Injury:	10/05/2006
Decision Date:	11/10/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	10/06/2014

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 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:

According to the records made available for review, this is a 47-year-old female with a 10/5/06 date of injury. At the time (8/11/14) of request for authorization for Butrans 15mcg #4 with 2 refills, there is documentation of subjective (neck, right shoulder and bilateral upper extremity pain) and objective (decreased range of motion of the cervical spine and decreased strength with grip of the left hand) findings, current diagnoses (mild cervical stenosis at C4-C5 and C5-C6, right shoulder arthralgia, and status post left de Quervain's tenosynovitis), and treatment to date (physical therapy, acupuncture, and medications (including ongoing treatment with Cymbalta)). Medical reports identify previous use of Morphine. There is no documentation of opiate addiction or chronic pain (after detoxification in patients who have a history of opiate addiction).

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans 15mcg #4 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine.

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of opiate addiction or chronic pain (after detoxification in patients who have a history of opiate addiction), as criteria necessary to support the medical necessity of Buprenorphine. Within the medical information available for review, there is documentation of diagnoses of mild cervical stenosis at C4-C5 and C5-C6, right shoulder arthralgia, and status post left de Quervain's tenosynovitis. However, despite documentation of previous Morphine use, there is no documentation of opiate addiction or chronic pain (after detoxification in patients who have a history of opiate addiction). Therefore, based on guidelines and a review of the evidence, the request for Butrans 15mcg #4 with 2 refills is not medically necessary.