MAXIMUS Federal Services

Case Number:	CM14-0182399		
Date Assigned:	11/07/2014	Date of Injury:	05/14/2003
Decision Date:	12/11/2014	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	11/03/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 who reported an injury on 05/14/2003. The mechanism of injury was not reported. Her diagnosis was cervical spondylosis without myelopathy. Past treatments included chiropractic sessions, medication, and physical therapy. Her diagnostic studies included MRI of the right shoulder on 01/14/2013 and a nerve conduction study and electromyogram on 07/30/2013. Her surgical history included a left ulnar transposition surgery on 04/12/2013 and a surgery to her right first dorsal compartment in 10/2013. The clinical progress note dated 09/30/2014 reported the injured worker complained of severe right upper extremity pain rated 8/10 with occasional numbness and tingling. The injured worker stated that both her hands become numb, particularly at night. She also complained of numbness in her 4th and 5th digits, and weakness in her upper extremities. Physical examination revealed decreased sensation to light touch and pinprick to the left thumb and 5th digit, decreased sensation in the right median nerve distribution, and pain to palpation of the first and second dorsal compartments of the right forearm and wrist. She was also noted as having positive impingement signs of the right shoulder. Her medications included Norco, Butrans, Elavil, and Lyrica. It was indicated that the injured worker was unable to take oral non-steroidal anti-inflammatory drugs and she had been having severe gastrointestinal distress secondary to chronic opioid use. It was noted she showed no aberrant behavior. A urine drug screen was consistent with her medications, and she signed a new narcotic contract. The treatment plan included continued medications, use of an H wave stimulator and TENS unit, and a referral for a gastrointestinal consultation. The request was for Butrans patches 20mcg # 4. The 09/30/2014 progress note indicated the injured worker reported decreased pain levels with her medication, from pain rated 10/10 to pain rated 7/10. The Request for Authorization form dated 10/06/2014 was submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans patches 20mcg # 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95,124.

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

Decision rationale: The request for Butrans patches 20mcg # 4 is not medically necessary. The California MTUS Guidelines recommend buprenorphine (Butrans) for treatment of opioid addiction. It is also recommended as an option for chronic pain, especially after detoxification in an injured worker who has a history of opiate addiction. The clinical documentation submitted noted that the injured worker had been taking opioids for several months and, per the clinical note dated 09/30/2014, had not shown any aberrant behavior. In addition, a urine drug screen was consistent with the injured worker's medications. The injured worker had complained of continued severe pain to the right shoulder. While the clinical documentation submitted indicated the injured worker had some pain relief with the medication, the documentation failed to provide sufficient evidence of significant pain relief and functional improvement. Additionally, the request as submitted failed to indicate a frequency of use for the medication. As such, the request for Butrans patches 20mcg # 4 is not medically necessary.