

<b>Case Number:</b>	CM14-0184085		
<b>Date Assigned:</b>	11/10/2014	<b>Date of Injury:</b>	02/11/2008
<b>Decision Date:</b>	12/15/2014	<b>UR Denial Date:</b>	10/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2014

### 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 Management and is licensed to practice in Georgia. 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 64 year old male presenting with a work related injury on 02/11/2008. The patient was diagnosed with shoulder strain, spasms of muscles and cervical strain. The patient's medications included Celebrex 200mg twice per day, Omeprazole, Tizanidine and Voltaren 1% gel 2-3 times per day. On 10/09/2014, the patient complained of neck pain and left shoulder pain that was rate a 1/10 with medications and 2/10 without medications. The physical exam showed cervical spine restricted range of motion secondary to pain, spasms and tenderness along the trigger points and a twitch response on the left side, bilateral upper extremity reflexes equal and symmetric and restricted range of motion of the left shoulder. A claim was made for 4 Butrans Patches 10mcg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**4 Butrans Patches 10mcg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79.

**Decision rationale:** Per MTUS page 79 of MTUS, guidelines state that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. The claimant has long-term use with this medication and there was a lack of improved function with this opioid. The claimant was designated permanent and stationary; therefore the requested medication is not medically necessary.