

Case Number:	CM14-0024996		
Date Assigned:	06/11/2014	Date of Injury:	09/05/2007
Decision Date:	07/15/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/27/2014

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 Neurological Surgery 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 64-year-old gentleman who was reportedly injured on September 5, 2007. The mechanism of injury is not listed in the records reviewed. The most recent progress note dated January 23, 2014, indicates that there are ongoing complaints of right knee pain and decreased right shoulder pain. Current medications were stated to Butrans, hydrochlorothiazide, iron, and omeprazole. The physical examination demonstrated decreased cervical spine range of motion and paracervical tenderness. There was a normal upper extremity neurological examination. There was decreased right shoulder abduction and elevation. Tenderness was noted at the acromioclavicular joint. There was tenderness over the lateral joint line of the right knee. Diagnoses included osteoarthritis of the shoulder, lumbosacral facet arthropathy, cervical facet arthropathy, and osteoarthritis of the knee. Previous treatment includes right shoulder arthroscopy in 2009 and a right knee arthroscopy in 2010. A request had been made for Butrans and was not certified in the pre-authorization process on February 6, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

BUTRANS 10MCG/HR DAY SUPPLY 30 QTY: 4.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Buprenorphine for chronic pain, Updated June 10, 2014.

Decision rationale: Butrans is recommended as an option for treatment of chronic pain for only selected patients and not as a first-line agent. Those patients include those with hyperalgesia, centrally mediated pain, neuropathic pain, or high risk of nonadherence to standard opioid medications. The injured employee does not fit any of these criteria. This request for Butrans is not medically necessary.