

Case Number:	CM14-0029637		
Date Assigned:	06/20/2014	Date of Injury:	05/29/2012
Decision Date:	07/18/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	03/08/2014

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 New York and Texas. 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 56-year-old male who reported an injury on 05/29/2012. The mechanism of injury was reported to be a fall using his hands to break the impact. The diagnoses included abdominal hernia status post repair, cervical mechanical neck pain, and degenerative joint disease of the thoracic spine. Prior treatments included medication, x-rays, surgeries. Within the clinical note dated 01/17/2014, the injured worker reported he had a nerve block in the right dorsal wrist which allowed his headaches to resolve for a period of time. He complained of pain over the right dorsal wrist and in the intrascapular region on his upper back. He rated his pain 6/10 to 9/10 in severity. On physical examination, the provider noted limited cervical range of motion. He had fair upper extremity range of motion, except his right wrist which was limited. The provider reported the injured worker had tenderness over the dorsal aspect of his right wrist. He had tenderness in the myofascial tissues of the mid to upper thoracic region. The provider requested Butrans for pain. However, the request for authorization was not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans DIS 5mcg/hour days 28 Qty: 4.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain Page(s): 80, 81, 86.

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

Decision rationale: The California MTUS Guidelines recommend Butrans for the treatment of opioid addiction. The guidelines note it is also an option for chronic pain, especially after detoxification in patients who have a history of opioid addiction. There is a lack of documentation to indicate the injured worker had been diagnosed with opioid addiction or dependence. There is a lack of documentation to indicate the injured worker had completed detoxification from opioids. The clinical documentation submitted failed to provide the efficacy of the medication as evidenced by significant functional improvement. Therefore, the request for Butrans DIS 5 mcg/hour, days 28, quantity 4 is not medically necessary.