

Case Number:	CM14-0032311		
Date Assigned:	06/20/2014	Date of Injury:	09/17/2009
Decision Date:	07/21/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/14/2014

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 Occupational Medicine and is licensed to practice in 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 52 year old female who had a date of injury of 09/17/09. The mechanism of injury was not discussed. Per the submitted clinical records the injured worker had a diagnosis of cervical strain and myofascial pain syndrome. She had chronically been maintained on oral medications. The submitted treating physician progress reports noted that the injured worker had guarded painful range of motion of the left shoulder. There was a mention that she underwent a trial of Butrans patch 5mcg which resulted in functional improvements. Subsequent treating physician progress report dated 05/21/14 noted an order to discontinue Butrans as the patient preferred Norco. The record contained a utilization review determination dated 02/28/14 in which a request for Butrans patches 5mcg #4 was not medically necessary and appropriate.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans patch 5mcg #4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-80.

Decision rationale: The request for Butrans patches 5mcg #4 is not supported as medically necessary. The submitted clinical records indicate that the injured worker has a diagnosis of cervical sprain, myofascial pain, and chronic pain syndrome. Records do not provide any data which establishes that the injured worker has a signed pain management contract. The serial clinical notes do not provide any visual analog scale scores to establish the efficacy of the current treatment plan. There is no clear documentation of functional improvements. The most recent treating physician progress report dated 05/21/14 indicated that the injured worker prefers Norco for pain management over Butrans. Given the totality of the clinical information the medical necessity for this medication has not been established. The request is not medically necessary and appropriate.