MAXIMUS Federal Services

| Case Number: | CM14-0036665 | | |
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| Date Assigned: | 06/25/2014 | Date of Injury: | 06/01/2006 |
| Decision Date: | 07/25/2014 | UR Denial Date: | 03/13/2014 |
| Priority: | Standard | Application Received: | 03/26/2014 |

## 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 and Rehabilitation and is licensed to practice in Nevada. 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 injured on May 8, 2006. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated March 4, 2014, indicates that there are ongoing complaints of cervical spine pain, shoulder pain, hand pain, and wrist pain. The physical examination demonstrated slightly decreased muscle strength of the right hand compared to the left as well as diminished right-hand sensation. There was tenderness of the left elbow lateral epicondyle. The treatment plan included a request for Butrans and psychiatric counseling. Diagnostic imaging studies objectified a disc bulge at C4-C5, C5/C6, and C6/C7. A shoulder MRI showed superior impression of the rotator cuff from a prominent acromioclavicular (AC) joint. Previous treatment includes carpal tunnel surgery. A request had been made for Butrans patches and was not certified in the pre-authorization process on March 6, 2014.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Butrans 20 mcg/hr patch; apply 1 patch to skin once a week #4 with 3 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**Decision rationale:** According to the progress note dated March 4, 2014 there has been no significant objective decrease in reported pain level with the use of Butrans nor has there been an indication of improved function or ability to return to work. This current request for Butrans is double the previous dosage however there are also other concurrent medication changes making it difficult to judge the specific efficacy of Butrans. For these reasons this request for Butrans is not medically necessary.