

<b>Case Number:</b>	CM14-0059284		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	03/10/2006
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	04/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/30/2014

### 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 records, presented for review, indicate that this 44 year old female was reportedly injured on March 10, 2006. The mechanism of injury is undisclosed. The most recent progress note, dated April 21, 2014, indicates that there were ongoing complaints of bilateral wrists and hands pain. It was also reported that the injured employee was able to work full duty and tolerates the symptoms quite well. The physical examination demonstrated a well developed, well nourished female in no apparent distress, no evidence of sedation, gait pattern was described as antalgic and no other specific physical examination findings were reported. Diagnostic imaging studies were not reviewed this visit. Previous treatment included arthroscopic left shoulder surgery, bilateral carpal tunnel syndrome, multiple medications and rehabilitation physical therapy. A request was made for multiple medications and was not certified in the preauthorization process on April 28, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Buprenorphine 0.1mg Sublingual Troches #30 Pieces #90 (DOS: 04/21/14):**  
Overturned

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

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

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) guidelines recommend Butrans (Buprenorphine) for the treatment of opiate addiction and as an option for chronic pain, especially after a detoxification program. Review of the available medical records, specifically notes that the use of this medication allows for a return to work on full duty. As such, the parameters noted for this medication are met and it is clinically indicated and medically necessary.

**Retrospective Cyclobenzaprine 5mg #90 (DOS: 04/21/14): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscles Relaxants for pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 41, 64.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Guidelines support the use of skeletal muscle relaxants for the short term treatment of pain but advises against long term use. Given the claimant's date of injury and clinical presentation, the guidelines do not support this request for chronic pain. As such, the request is not medically necessary.

**Buprenorphine 0.1mg Sublingual Troches #30 pieces: Overturned**

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

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

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) guidelines recommend Butrans (Buprenorphine) for the treatment of opiate addiction and as an option for chronic pain, especially after a detoxification program. Review of the available medical records, specifically notes that the use this medication allows for a full duty return to work. As such, the parameters noted for this medication are met and it is clinically indicated and medically necessary.

**Cyclobenzaprine 5mg #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscles Relaxants for pain.

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