

Case Number:	CM14-0069544		
Date Assigned:	07/14/2014	Date of Injury:	06/02/1999
Decision Date:	08/22/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/14/2014

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 Physical Medicine and Rehabilitation, has a subspecialty certificate in Pain Medicine 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 52 year-old female who reported an injury on 06/02/1999 from an unspecified cause of injury. The injured worker had a history of right scapular pain with diagnoses of upper extremity overuse syndrome, tendinopathy of the hand, and unspecified myalgia or myositis. No diagnostics were provided. The past treatment plan had been the use of Butrans 5mcg, 1 every week and injection for the right scapular bursa. The objective findings of the upper extremities dated 01/09/2014 revealed limited range of motion at the right elbow due to pain, the motor strength a 5/5 bilaterally, along with bilateral cervical paraspinal trigger points, and right elbow trigger points. The medications included Skelaxin 800mg for muscle spasms and Ultram 50mg. The injured worker reported a 6-7/10 pain level depending on the weather and flare-ups using the VAS. The treatment plan included restarting the Butrans 5 mcg. The treatment plan included a Kenalog, Marcaine, and Lidocaine injection. The request for authorization dated 01/21/2014 was submitted with the documentation. The rationale for the Butrans was that the injured worker had good relief when she used the Butrans.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans 5mcg/hr x 1 wk up to 10 mcg/ hr Q week #4 around the clock QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for Butrans 5 mcg/hour x 1 week QTY: 1.00 is not medically necessary. The California MTUS Chronic Pain Guidelines recommend Buprenorphine for treatment of opiate addiction. It's also recommended as an option for chronic pain especially after detoxification in the injured worker who has a history of opiate addiction. Per the clinical note, the injured worker was going to restart the Butrans patch. Per Guidelines, Buprenorphine is for treating opiate addiction or utilized for chronic pain post detoxification of opiate addiction. Therefore, the request for Butrans 5 mcg/hour x 1 week QTY: 1.00 is not medically necessary.