

Case Number:	CM14-0073789		
Date Assigned:	07/16/2014	Date of Injury:	09/15/2011
Decision Date:	09/18/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/21/2014

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 41-year-old female was reportedly injured on September 15, 2011. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated April 1, 2014, indicates that there are ongoing complaints of neck pain, right shoulder pain, and bilateral wrist pain. Current medications were stated to include Flexeril, and ibuprofen. The physical examination demonstrated decreased cervical spine range of motion. Examination of the shoulders indicated a negative Hawkins test, Neer's test, and apprehension test. There was slightly decreased bilateral shoulder range of motion with abduction to 130. Examination of the wrists revealed a bilateral Tinel's test. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes epidural steroid injections and pain management. There is also a history of a right shoulder arthroscopy performed on March 22, 2012. A request had been made for a Butrans patch and was not certified in the pre-authorization process on April 23, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans Patch 5mg #4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 26, 27 of 127.

Decision rationale: The California MTUS Guidelines recommend Buprenorphine (Butrans) for the treatment of opiate addiction and as an option for chronic pain, especially after a detoxification program. Review of the available medical records fails to document that the injured employee meets the criteria for the use of this medication. As such, this request for Butrans patches is not medically necessary.