

<b>Case Number:</b>	CM14-0088102		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	11/20/2012
<b>Decision Date:</b>	09/03/2014	<b>UR Denial Date:</b>	05/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/11/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California and 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 68 year old female injured on 11/26/12 due to an undisclosed mechanism of injury. Current diagnoses include left shoulder internal derangement, left shoulder recurrent tear, bilateral knee contusions, bilateral wrist sprain, cervical strain, status-post left shoulder surgery in June of 2013, left rotator cuff tear, left shoulder pain, and left shoulder strain/sprain. Clinical note dated 07/08/14 indicates the injured worker presented complaining of left shoulder pain rated at 6/10 on the visual analog scale (VAS) exacerbated by left shoulder activity. Physical examination revealed tenderness upon palpation, decreased range of motion, muscle stretch reflexes are 1 and symmetric bilaterally in all limbs, Clonus and Hoffman's signs are absent bilaterally, muscle strength 5/5 in all limbs, decreased sensation to touch of the left shoulder/left anterior bicep/left wrist, Linel's signs were negative bilaterally, and remainder of physical examination was within normal limits. Documentation indicates Butrans Patch 10mcg every 7 days resulted in 50% decrease of injured worker's pain with 50% improvement in activities of daily living such as self-care and dressing. Documentation noted injured worker failed Oxycodone due to side effects, Norco due to nausea, and Tramadol and Butrans patch 5 mcg due to lack of efficacy. Documentation indicates urine drug screen consistent with prescribed medications and up to date pain contract on file. The initial request for Butrans Patch 10mcg 1 patch every 7 days #4 no refills was initially non-certified on 05/28/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Butrans Patch 10 mcg. One Patch every seven (7) days # 4 No Refills: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Treatment Guidelines Page(s): 26-27. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

**Decision rationale:** As noted in the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is sufficient documentation regarding the functional benefits and functional improvement obtained with the continued use of narcotic medications. In addition, opioid risk assessments regarding possible dependence or diversion were also discussed. As the clinical documentation provided for review supports an appropriate evaluation for the continued use of narcotics as well as establishes the efficacy of narcotics, Butrans Patch 10 mcg. One Patch every seven (7) days # 4 No Refills is recommended as medically necessary at this time.