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| Case Number: | CM14-0199359 | | |
| Date Assigned: | 12/09/2014 | Date of Injury: | 08/30/2012 |
| Decision Date: | 01/23/2015 | UR Denial Date: | 11/26/2014 |
| Priority: | Standard | Application Received: | 11/28/2014 |

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 Internal 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:

This injured worker is a 55-year-old male with a reported date of injury of 08/30/2012. The mechanism of injury was not provided. His diagnoses are adhesive capsulitis of the shoulder, sprain/strain of the neck, spinal stenosis in the cervical region, medial epicondylitis of the elbow, lesion of the ulnar nerve, sprain/strain of the thoracic region, and hernia site with obstruction. Diagnostic studies include MRIs and x-rays. On 11/18/2014, the injured worker presented with complaints of stomach, neck, shoulder, elbow, and back pain. He complained that his neck pain radiated to his shoulder and the right elbow he rated and self-rated it as worst 7/10 and best 3/10. The shoulder and right elbow was described as aching, stabbing, burning, and throbbing with numbness and tingling down to his fingers and he rated as 6/10. He described the pain in his upper back as aching, throbbing, and burning and self-rated it as 5/10. He stated the "TENS unit provided excellent relief, but was retracted by Workers' Comp". Physical examination revealed tightness and tenderness to the cervical spine and the thoracic spine. He had tenderness to the right shoulder with positive drop arm testing in both pronation and supination and positive Tinel's. His medications were Cymbalta, Ambien, Norco, and Neurontin. The treatment plan was to add the prescription of Butrans, TENS unit, increase the opioids to control the pain, exercise, continue weight reduction, and to return in 4 weeks. The request was for Butrans patch 7.5 mg once every 7 days and the rationale was the Norco was causing gastric irritation and the Butrans can be used for decrease in pain and decrease the use of the Norco. The Request for Authorization form was not included.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans Patch 7.5mg Once every 7 days: Upheld

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

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

Decision rationale: The request for Butrans patch 7.5 mg once every 7 days is not medically necessary. The California MTUS Guidelines recommend Butrans, also known as buprenorphine, patches for the treatment of opioid addiction; also recommended as an option for chronic pain after detoxification in patients who have a history of opioid addiction. The injured worker complained of neck pain. The injured worker had no history of opioid addiction or opioid detoxification that would warrant the use of the Butrans patch. As such, the request for the Butrans patch 7.5 mg once every 7 days is non-certified.