

Case Number:	CM14-0206896		
Date Assigned:	12/18/2014	Date of Injury:	01/15/2010
Decision Date:	02/17/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/10/2014

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 Occupational 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic shoulder, wrist, and neck pain reportedly associated with an industrial injury of January 15, 2010. In a Utilization Review Report dated December 3, 2014, the claims administrator approved a request for Nucynta while denying a request for BuTrans. The claims administrator referenced progress notes of November 14, 2014, November 22, 2014, and October 27, 2014, in its determination. The claims administrator suggested that the applicant was off of work. The applicant's attorney subsequently appealed. In a November 26, 2014 progress note, the applicant reported persistent complaints of shoulder pain, highly variable, 4/10 with medications versus 8/10 without medications. The applicant's medication list included Tegaderm, Nexium, BuTrans, Naprosyn, Nucynta, Prozac, and Desyrel. The applicant was overweight with a BMI of 29. The applicant was given refills of BuTrans, Naprosyn, and Nucynta on the grounds that the applicant had lost her previous prescription. Permanent work restrictions were reviewed. It was acknowledged that the applicant was not working with said limitations in place. On November 14, 2014, the applicant reported issues with nausea generated by ongoing opioid consumption. The applicant had apparently obtained an antiemetic elsewhere. The applicant's medications included Tegaderm, Nexium, BuTrans, Naprosyn, Nucynta, Prozac, and Desyrel. The attending provider acknowledged that the applicant was not working but stated the applicant's ability to perform household chores was reportedly ameliorated as a result of ongoing medication consumption.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans 5mcg Patch, quantity 4: Upheld

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

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

Decision rationale: 1. No, the request for BuTrans patches was not medically necessary, medically appropriate, or indicated here. While page 26 of MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that buprenorphine (BuTrans) is indicated in the treatment of opioid addiction and is an option in the treatment of chronic pain in applicants who have previously detoxified off of opioids, in this case, however, there was/is no mention of the applicant's having issues with opioid dependence and/or opioid addiction for which introduction, selection, and/or ongoing usage of BuTrans would be indicated. The fact that the applicant continued to use Nucynta, a short-acting opioid, implied that the applicant had no intention of weaning and/or tapering off of opioids, and was not, in fact, using buprenorphine (BuTrans) as a transitory step toward weaning off of opioids altogether. Therefore, the request was not medically necessary.