

<b>Case Number:</b>	CM15-0005913		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	07/06/2012
<b>Decision Date:</b>	03/13/2015	<b>UR Denial Date:</b>	12/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/12/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Utah, Arkansas  
 Certification(s)/Specialty: Family Practice

### 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 59-year-old male, with a reported date of injury of 07/06/2012. The diagnoses include lumbar post laminectomy syndrome, lumbar radiculopathy, chronic pain, shoulder pain, right shoulder impingement syndrome, and mild to moderate right shoulder tendinosis of the supraspinatus tendon. Treatments have included an MRI of the lumbar spine on 09/10/2012, an MRI of the right shoulder on 04/02/2014, an x-ray of the lumbar spine on 01/22/2013, an x-ray of the right shoulder on 01/12/2014, a transcutaneous electrical nerve stimulation (TENS) unit, pain medications, and a right suprascapular nerve pulsed radiofrequency. The pain medicine re-evaluation report dated 12/08/2014 indicates that the injured worker presented for a pain medicine follow-up visit and re-examination. He complained of neck pain with radiation down the right upper extremity, low back pain with radiation down the bilateral lower extremities, and right shoulder pain. The injured worker rated his pain 8 out of 10, with medications and 10 out of 10 without medications. He reported activity of daily living limitations. The physical examination showed an antalgic and slow gait. An examination of the low back showed tenderness upon palpation in the L4-S1 area, moderately limited range of motion due to pain, increased pain with extension, flexion, and rotation, unchanged flexor and extensor strength of the lower extremity, and a bilateral negative straight leg raise test. An examination of the right shoulder showed tenderness on palpation at the right anterior shoulder and right posterior shoulder, decreased range of motion due to pain, and an inability to flex and abduct the right shoulder beyond 90 degrees. The treating physician requested a right suprascapular nerve pulsed radiofrequency to provide a longer period of pain reduction to

facilitate an active range of motion/exercise regimen to improve function and decrease disability, and Butrans patch for renewal, since it was beneficial with intended effect at the prescribed dose. On 12/17/2014, Utilization Review (UR) denied the request for one (1) right suprascapular nerve pulsed radiofrequency injection and Butrans patch 10mcg QTY: 4.00, noting that there was no documentation of a right suprascapular nerve entrapment or injury, and no documentation of functional benefit from opioid therapy. The MTUS Chronic Pain Guidelines and ACOEM Guidelines were cited.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Right suprascapular nerve pulsed radiofrequency injection: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): Summary of Recommendations for evaluating and managing shoulder complaints. Table 9-6 pages 212-214.

**Decision rationale:** There is no clinical documentation of a diagnosis that supports right suprascapular nerve entrapment or an indication for an injection in that area at this time. According to the clinical documentation provided and current MTUS guidelines; a radiofrequency Injection, as written above, is not indicated a medical necessity to the patient at this time.

#### **Butrans patch 10 mcg: 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 Opioids, criteria for use, page(s) 75-79.

**Decision rationale:** MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The MTUS indicates that ongoing management of opioids includes documentation of prescriptions given from a single practitioner, prescriptions from a single pharmacy and the lowest dose should be used to improve function. There should also be an ongoing review of the 4 A's, including analgesia, activities of daily living, adverse side effects, and aberrant drug behaviors. There is no clear functional gain that has been documented with this medication. According to the clinical documentation provided and current MTUS guidelines; Butrans, as written above, is not indicated a medical necessity to the patient at this time.

