MAXIMUS Federal Services

Case Number:	CM15-0103944		
Date Assigned:	06/08/2015	Date of Injury:	07/05/2011
Decision Date:	07/08/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/29/2015

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: Maryland
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 female, who sustained an industrial injury on 7/05/2011. The mechanism of injury was not noted. The injured worker was diagnosed as having degeneration of cervical intervertebral disc, brachial neuritis or radiculitis, not otherwise specified, cervicalgia, carpal tunnel syndrome, unspecified osteoarthrosis of the shoulder region, unspecified site of shoulder and upper arm sprain/strain, gastroesophageal reflux disease, chronic pain syndrome, muscle spasm, and other symptoms involving nervous and musculoskeletal systems. Treatment to date has included diagnostics, transcutaneous electrical nerve stimulation unit, physical therapy, acupuncture, and medications. Currently (4/15/2015), the injured worker complains of constant pain in her neck and arms, rated 7/10. She stated that there was nothing that helped to alleviate pain. Exam noted decreased cervical range of motion, significant spasm and muscle twitching with deep palpation of the trapezius and levator scapulae muscles, facet loading pain with extension, and facet tenderness. Dysesthesia over the lateral hands, bilateral fourth and fifth digits, and ulnar forearms was noted. Left hand and forearm had 1+ edema. The treatment plan included an increase in Naproxen, refill Protonix, refill topical anti-inflammatory cream, start Butrans patch, and follow-up. The progress report (3/05/2015) also noted a treatment plan to start Butrans patch. Urine toxicology was not submitted. Work status was modified with restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans patch 5 mcg #4 with 5 refills: Upheld

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

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

Decision rationale: Butrans patch 5 mcg #4 with 5 refills is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. Buprenorphine is recommended per the MTUS for treatment of opiate addiction and also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. The documentation is not clear on the rationale for starting Butrans patch. Additionally, a request for 5 refills is not appropriate as there needs to be evidence of efficacy prior to refilling a medication. The request for Butrans patch with 5 refills is not medically necessary.