

<b>Case Number:</b>	CM15-0019278		
<b>Date Assigned:</b>	02/09/2015	<b>Date of Injury:</b>	05/12/2011
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	01/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/02/2015

### 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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 49-year-old female who reported an injury on 05/12/2011 due to an unspecified mechanism of injury. On 01/28/2015, she presented for a follow-up evaluation regarding her ongoing neck and bilateral shoulder pain. She stated that her right shoulder was greater than the pain on the left and rated at 8/10. She reported that her pain medications were helping with her neck and left shoulder, but not the right shoulder. Her medications included Motrin 800 mg 3 times a day, Prilosec 120 mg 1 a day, gabapentin 300 mg 1 at night, Zanaflex 4 mg 2 a day, Colace 100 mg 1 to 2 tablets a day, and Lidoderm 5% patches daily. A physical examination showed tenderness over the right shoulder and upper arm with decreased range of motion. She was diagnosed with chronic neck pain, chronic right shoulder pain, chronic left shoulder pain, diabetes, and EMG consistent with right carpal tunnel syndrome. The treatment plan was for Butrans patch 5 mcg #4. The rationale for treatment was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Butrans patch 5mcg #4:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

**Decision rationale:** The California MTUS Guidelines indicate that Butrans is recommended for the treatment of opioid addiction and is also recommended as an option for chronic pain, especially after detoxification in those who have a history of opioid addiction. The documentation provided shows that the injured worker was reporting that her medications helped her neck and left shoulder pain, but not her right shoulder pain. Without documentation showing that this medication has been effective in decreasing the injured worker's pain overall and without evidence of a functional improvement with use, the request for continuing would not be supported. Also, there is lack of evidence showing that she has been screened for aberrant drug taking behaviors with urine drug screens or CURES reports. Furthermore, the frequency of the medication was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.