

<b>Case Number:</b>	CM15-0132123		
<b>Date Assigned:</b>	07/20/2015	<b>Date of Injury:</b>	10/18/2010
<b>Decision Date:</b>	08/18/2015	<b>UR Denial Date:</b>	06/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2015

### 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: Arizona, California  
 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 49 year old female with an industrial injury dated 10/18/2010. The injured worker's diagnoses include cervicalgia, cervical radiculopathy, cervical disc protrusion, cervical facet dysfunction, bilateral shoulder pain, occipital neuralgia, temporomandibular joint dysfunction, anxiety, depression, myalgias, headaches and insomnia. Treatment consisted of MRI of cervical spine, Electromyography (EMG) of upper extremities, prescribed medications, and periodic follow up visits. In a progress note dated 05/20/2015, the injured worker reported current pain level a 7/10 without medications and a 6/10 with medications. Objective findings revealed positive Spurling's test, right grip weakness, and tenderness to palpitation over the cervical paraspinal musculature, upper trapezius, scapular border, lumbar paraspinals and bilateral shoulders. Treatment plan consisted of medication management. The treating physician prescribed services for BuTrans patch 20 mcg, Qty 4, 1 weekly, Tegaderm, 1 over BuTrans patch, every day and Urinalysis now under review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Butrans patch 20 mcg, Qty 4, 1 wkly:** Upheld

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

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

**Decision rationale:** Buprenorphine (Butrans) is used for treatment of opioid addiction or for chronic pain after detoxification of opioid use. Its use as a patch has been used due to the advantages of no analgesic ceiling, good safety profile and ability to suppress opioid withdrawal. In this case there is no mention of opioid addiction or need for opioid detoxification. There was not significant reduction in pain while on Butrans. As a result, the use of Butrans patches is not medically necessary.

**Tegaderm, 1 over Butrans patch, every day, (unspecified qty):** Upheld

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

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

**Decision rationale:** Tegaderm is a dressing used to cover the Butrans patch. In this case there is no mention of opioid addiction or need for opioid detoxification. Since the Butrans is not medically necessary as noted above, the use of Tegaderm is not medically necessary.

**Urinalysis:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Urine drug testing (UDT).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines urine toxicology Page(s): 98-99.

**Decision rationale:** According to the California MTUS Chronic Pain Treatment Guidelines, urine toxicology screen is used to assess presence of illicit drugs or to monitor adherence to prescription medication program. There's no documentation from the provider to suggest that there was illicit drug use or noncompliance. There were no prior urine drug screen results that indicated noncompliance, substance-abuse or other inappropriate activity. Based on the above references and clinical history a urine toxicology screen is not medically necessary.