

Case Number:	CM15-0160372		
Date Assigned:	08/26/2015	Date of Injury:	10/26/2009
Decision Date:	09/30/2015	UR Denial Date:	08/03/2015
Priority:	Standard	Application Received:	08/17/2015

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

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 58-year-old female, who sustained an industrial injury on 10-26-2009. She reported continuous trauma injuries to bilateral hands and wrists, neck and low back. Diagnoses include cervical spine radiculitis, lumbar spine radiculitis, and internal derangement of bilateral shoulders. Treatments to date include activity modification, NSAIDs, muscle relaxant, physical therapy, home exercise, and chiropractic therapy, TENS unit, acupuncture treatments, and cervical epidural steroid injections. Currently, she complained of neck pain with weakness and stiffness radiating to bilateral shoulders and upper back. On 7-23-15, the physical examination documented cervical tenderness and limited range of motion. The plan of care included a request to authorize Butrans patch, 10mg, #4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans patch 10mg #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): 26-27.

Decision rationale: This patient receives treatment for intractable neck pain and low back pain. This relates back to an industrial injury on 10/26/2009. This review addresses a request for Butrans parches 10 mg #4. This patient reports unrelenting neck and low back pain despite treatment with tramadol, plus zolpidem for sleep. The patient had cervical epidural injections. The medical diagnoses include DJD cervical spine, cervical radiculopathy, and lumbago. The patient received PT and chiropractic. On exam, there is tenderness from C3-C6 and tenderness on the facet joints. There is motor weakness in a C5-C6 myotome distribution. There is tenderness from L3-S1, plus facet joint tenderness. Butrans buprenorphine is medically indicated to treat patients with opioid addiction, especially after detoxification. Patients who use this patch are at risk for drug addiction and complications including death. The documentation is scanty on addressing if this patient has reached a therapeutic ceiling with other, shorter acting opioid analgesics. There is no documentation of the patient receiving detoxification for opioid addiction. Butrans is not medically indicated.