

Case Number:	CM15-0166915		
Date Assigned:	09/04/2015	Date of Injury:	01/30/2003
Decision Date:	10/06/2015	UR Denial Date:	07/27/2015
Priority:	Standard	Application Received:	08/25/2015

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: North Carolina, Georgia
 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 55 year old male who sustained an industrial injury on 1-30-03. The Comprehensive Medical-Legal Psychiatric Evaluation, dated 9-28-05, indicates that his initial complaint was feeling "enormous strain in his right hand". The injury was sustained as the result of a large load falling forward onto him. He reported the injury to his supervisor and was evaluated by medical personnel the following day. An x-ray revealed an abnormality in his rotator cuff. He reported feeling a "popping" sensation in his left shoulder. He ended up having rotator cuff surgery on both shoulders, as well as physical therapy per the 9-28-05 report. The 7-7-15 PR-2 indicates diagnoses of chronic sprain and strain of the left shoulder, left shoulder rotator cuff injury, status post three left shoulder surgeries, and chronic neuropathic left shoulder pain. He presented to the provider on 7-7-15 with complaints of increased pain in the left shoulder, rating it "9 out of 10" without medications. Medications reduce the pain to "4-5 out of 10". The report indicates that the pain is "sharp, achy, and burning" and limits his function without medications. The treatment plan was noted to "continue Butrans for pain", but indicated that he had not received the medication to that point. He was also to continue Norco and Gabpentin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans patch 10mcg/hr #4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26-27. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Buprenorphine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 74-89.

Decision rationale: CA MTUS allows for the use of opioid medication, such as Butrans, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The medical record in this case states that the pain is controlled from 9 to 4-5/10 with use of medications, which are documented in the record to be gabapentin and Norco. In this same record there is a plan to "continue" Butrans" which concludes with the statement that the claimant has not gotten this medication yet. Repeated UR reviews since February 2015 have denied Butrans. Based on the record, the claimant has reasonable control of pain and improved function with a current medication regimen which does not include Butrans. There is no rationale for introduction of Butrans. The record does not support medical necessity of medication therapy with Butrans. The request is not medically necessary.