

Case Number:	CM15-0184650		
Date Assigned:	09/25/2015	Date of Injury:	12/06/2012
Decision Date:	11/02/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/21/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 75 year old male who sustained an industrial injury on 12-06-2012. Current diagnoses include chronic pain syndrome, myalgia and myositis, thoracic or lumbosacral neuritis or radiculitis, brachial radiculitis, shoulder joint painful on movement, scapulargia, and low back pain. Report dated 08-26-2015 noted that the injured worker presented with complaints that included posterior neck pain, low back pain, mid thoracic back pain and bilateral rib pain. Pain level was 8 (without medications) and 3 (with medications) out of 10 on a visual analog scale (VAS). Current medications include Neurontin, Norco, Cymbalta, Tylenol, Lipitor, and Lidoderm 5%. Physical examination performed on 08-26-2015 revealed moderate cervical spine pain radiating down the right arm, restricted range of motion, positive Spurling's with compression relief with traction, thoracic spine tenderness in the mid thoracic chest wall, this pain is positional and reproducible, exquisite tenderness at T6 and moderate spasm with trigger points eliciting twitch response, diffuse rib tenderness and spasm bilaterally, lumbar spine tenderness and spasm across the low back, decreased range of motion, moderate tenderness over the right shoulder joint, cold sensation diffusely in the left arm and hypoesthesia of the left hand. Previous treatments included medications, psychological evaluation and treatment, surgical intervention, acupuncture, and physical therapy. The treatment plan included continuing with conservative measures, request for continued coverage for the patient's chronic pain medication maintenance regimen, and follow up in 3-4 weeks. The utilization review dated 09-10-2015, modified the request for Butrans patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans 20 mcg patch, Qty 44 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Buprenorphine for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: Guidelines recommend Buprenorphine for treatment of chronic pain in patients with centrally mediated pain, neuropathic pain, and high risk of non-adherence to standard opioid maintenance. In this case, the patient has been using buprenorphine with documented functional improvement. However, there is no rationale provided for why 3 refills is required and guidelines do not support refills without documentation of continued pain improvement and functional improvement. The request for Buprenorphine 20 mcg, #44 with 3 refills is not medically appropriate.