

<b>Case Number:</b>	CM15-0203027		
<b>Date Assigned:</b>	10/19/2015	<b>Date of Injury:</b>	04/11/2012
<b>Decision Date:</b>	12/08/2015	<b>UR Denial Date:</b>	09/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2015

### 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: 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 45 year old female, who sustained an industrial injury on 4-11-2012. The injured worker was diagnosed as having neck pain, cervicobrachial syndrome, pain in thoracic spine, and pain in shoulder joint. Treatment to date has included diagnostics, physical therapy, right shoulder manipulation under anesthesia on 1-30-2015, acupuncture, functional restoration program, and medications. On 9-08-2015, the injured worker complains of "severe" right shoulder pain and continued neck and thoracic pain. She reported pain level 6 out of 10, without medication (patch) pain level 9-10 out of 10. She reported improvement in activities of daily living with medication, noting the ability for light housework, pick up objects "better", and stand-walk "better". She denied side effects from medications and the treating physician documented no aberrant drug behavior. Medication included Butrans patch 5mcg per hour, Naproxen, and Protonix. Objective findings noted "normal muscle tone without atrophy" in all extremities, strength 5 of 5, except 4 of 5 in left arm abduction, and pain upon palpation of the mid thoracic spine. Exam of the right shoulder noted tenderness to palpation, abduction to about 170 degrees, painful flexion, unable to reach back of head or touch back, and positive Hawk's test. Her work status was permanent and stationary. Utilization Review Appeal dated 9-02-2015 noted trialed-failed medications to include Norco, Tramadol, and Buprenorphine troches. Urine toxicology (11-26-2014) was documented as negative for opioids and consistent with prescription for Buprenorphine troches on an as needed basis. CURES report (5-27-2015) noted opioid medication from a single provider. The previous progress report (8-11-2015) noted that she was selected for urine screening but this was not necessary "because the patient is not using

any medication" and pain was not rated. Butrans was prescribed since at least 2-2015. On 9-23-2015, Utilization Review non-certified the requested Butrans 5mcg-hr patch apply 1 every 7 days #4, Naproxen Sodium 550mg take 1 every 12 hours with food #60, and follow-up visit.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Butrans 5mcg/hr patch apply 1 every 7 days QTY: 4: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/pro/butrans-patch.html>.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Buprenorphine, Opioids, criteria for use.

**Decision rationale:** Butrans is buprenorphine, an agonist-antagonist opioid. As per MTUS Chronic pain guidelines, it is often used to prevent opiate withdrawal but is also used for the management of chronic pain. It has a lower abuse potential compared to other opioids. Patient has been off medications for at least 4months. There is no documentation of any change in patient's pain or functional status off medications. There was never any benefit documented while on medications. There is no justification or rationale provided as to why Butrans was prescribed to a stable patient who has been weaned off opioids. There is no indication for constant opioids. Butrans is not medically necessary.

#### **Naproxen Sodium 550mg take 1 every 12 hours with food QTY: 60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** As per MTUS Chronic pain guidelines, NSAIDs may be considered for muscular pain but recommendations is for short term use only due to side effects. Patient has been off any documented pain medications for at least 4months. Provider has failed to document any significant change in pain or functional status off medications. Prior documentation fails to document any benefit while taking naproxen. Therefore, the request is not medically necessary.

#### **Follow Up Office Visit: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back Chapter, Evaluation and Management.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, Cornerstones of Disability Prevention and Management.

**Decision rationale:** As per MTUS ACOEM guidelines, long-term repeat office visits to primary providers for assessment and treatments are usually indicated. Patient seems to be getting continued treatment although the patient has not received any medication or treatment for at least 4months. There is documentation of plan for Functional Restoration. Due to continued active treatment, follow up office visit is medically necessary.