

Case Number:	CM15-0025063		
Date Assigned:	02/17/2015	Date of Injury:	08/01/1994
Decision Date:	04/02/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/10/2015

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: Physical Medicine & Rehabilitation

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 48 year old female who sustained an industrial injury on 08/01/1994. Diagnoses include right shoulder impingement, chronic cervical spine pain, right upper extremity thoracic outlet syndrome, and status post right shoulder arthroscopic debridement. Treatment to date has included medications, and cervical dorsal blocks. A physician progress note dated 01/15/2015 documents the injured worker complains of shoulder pain, and decreased range of motion. Pain is described as aching, burning, radiating, shooting, sympathetic, tender, numbness and pain goes through the right arm and hand, and shoots up to the neck and she has heaviness. Pain is rated 3 out of 10 with 10 being the worst. She has numbness and tingling in the right and left arm and radicular pain in the right and left arm. She has cervical pain, and turning her neck to the left and right worsens the condition. On examination she has limited range of motion of the cervical spine. There tenderness in the right paraspinal area of the cervical spine, and muscle spasm of the right shoulder. The right shoulder has findings of impingement. Treatment requested is for Prospective usage of Butrans patch 5mcg #4 x 2 refills. On 01/29/2015 Utilization Review the request for Butrans patch 5mcg #4 x 2 refills, and cited was California Medical Treatment Utilization Schedule (MTUS)-Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective usage of butrans patch 5mcg #4 x 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The 47 year old patient presents with cervical spine pain, as per progress report dated 01/29/15, and right shoulder pain radiating to right arm and hands, neck and back, as per progress report dated 01/15/15. The request is for PROSPECTIVE USAGE OF BUTRANS PATCH 5 mcg # 4 X 2 REFILLLS. There is no RFA for this case, and the patient's date of injury is 08/01/94. The pain is rated at 3/10, as per progress report dated 01/29/15. Medications included Ambien, Botox cosmetic injection, Butrans patch, Depakote, Estradiol, Fiorinal with Codeine, Flovent, Lipitor, Multivitamin and Xopenex. The patient has been diagnosed with right shoulder impingement syndrome status post arthroscopic debridement, and chronic cervical spine pain, as per the same progress report. The patient's status has been determined as permanent and stationary. MTUS Guidelines pages 88 and 89 states: pain should be assessed at each visit, and functioning should be measured at 6-month intervals using the numerical scale or validated instrument. MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as pain assessment or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. A prescription for Butrans patch is first noted in progress report dated 01/29/15. The current request is a prospective request for the patch. However, the patient has used Percocet (another opioid) in the past. The reason for change in prescription is not clear. The treater does not document its impact of previous opioid therapy on pain in terms of a change in the pain scale. The treater has not used a validated scale to demonstrate a measurable increase in function. No CURES and UDS are available for review. The treater does not document side effects associated with prior opioid use. MTUS requires clear discussion about 4As, including analgesia, ADLs, adverse side effects, and aberrant behavior, for continued use. Hence, the request IS NOT medically necessary.