

Case Number:	CM15-0218820		
Date Assigned:	11/10/2015	Date of Injury:	01/24/2012
Decision Date:	12/22/2015	UR Denial Date:	10/28/2015
Priority:	Standard	Application Received:	11/06/2015

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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 52-year-old female who sustained an industrial injury on 1-24-2012 and had a C4-5 decompression, fusion, and instrumentation on 4-21-2015. Diagnostic x-ray shows solid interbody fusion at C5-6 with anterior locking plate in perfect position. On 10-12-2015 the injured worker reported parascapular discomfort. It was noted that left hand tingling, numbness and weakness has improved since her surgery 4-21-2015. Objective findings include tenderness over the right parascapular muscles, and her right shoulder impingement test was "equivocal." Documented treatment includes soft cervical collar immobilization, and medication. She was on Norco but the 8-24-2015 note states she has discontinued that. She has been prescribed Butrans patches since at least 6-2015. The physician states in the 10-20-2015 note she is not ready for physical therapy yet. Specific response to Butrans Patches and medication behaviors and monitoring is not discussed in the note. The treating physician's plan of care includes Butrans patches 10 mcg #4 with 2 refills. This was non-certified on 10-28-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans 10mcg quantity 4 with two refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: This claimant was injured 3 years ago. She had a cervical decompression and fusion this past April. There is no documentation of opiate addiction. Objective, functional improvement out of the Butrans usage is not noted. There is no documentation of opiate addiction. The MTUS notes this medicine is recommended for treatment of opiate addiction. Also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. In this case, there is no information of opiate addiction, or it is being used post detoxification. The request does not meet MTUS criteria for the use of this special opiate medication, and it was appropriately non-certified. Therefore, the requested treatment is not medically necessary.