

<b>Case Number:</b>	CM15-0036609		
<b>Date Assigned:</b>	03/05/2015	<b>Date of Injury:</b>	03/23/2009
<b>Decision Date:</b>	05/12/2015	<b>UR Denial Date:</b>	02/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2015

### 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: Ohio, North Carolina, Virginia  
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 female, who sustained an industrial injury on 03/23/2009. She has reported subsequent left shoulder pain and was diagnosed with persistent left shoulder pain due to severe neuropathic pain and chronic pain syndrome. Treatment to date has included oral and topical pain medication and physical therapy. In a progress note dated 12/17/2014, the injured worker complained of severe neuropathic pain. Objective findings were notable for tenderness to palpation of the left anterior shoulder with limited range of motion and positive Hawkin's test. The physician noted that a request for refill of Butrans patch would be submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Butrans patch 15 mcg QTY 4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26-27.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** According to the MTUS Chronic Pain Medical Treatment Guidelines, patients prescribed opioids chronically require ongoing assessment of pain relief, functional status, medication side effects, and monitoring for aberrant drug taking behavior. Opioids may generally be continued if there is improvement in pain and function and/or the injured worker has regained employment. Opioids should be discontinued if there is no improvement in functionality. Patients with co-morbid psychiatric disease, such as depression, should have urine drug screening 2-3 times a year. CRITERIA FOR USE OF OPIOIDS Long-term Users of Opioids (6-months or more): 1) Re-assess; (a) Has the diagnosis changed?; (b) What other medications is the patient taking? Are they effective, producing side effects?; (c) What treatments have been attempted since the use of opioids? Have they been effective? For how long?; (d) Document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. (e) Document adverse effects: constipation, nausea, vomiting, headache, dyspepsia, pruritus, dizziness, fatigue, dry mouth, sweating, hyperalgesia, sexual dysfunction, and sedation. (f) Does the patient appear to need a psychological consultation? Issues to examine would include motivation, attitude about pain/work, return-to-work, social life including interpersonal and work-related relationships. (g) Is there indication for a screening instrument for abuse/addiction? In this instance, no functional assessments seemed to have occurred via a validated tool, it seems, at any point in the care of this injured worker. It had been said, at times, that she could perform her ADL's with Butrans but was bedridden without it. On 2-9-2015 a progress note indicated she was unable to get Butrans but there was no mention of the injured worker being bedridden or unable to do her ADL's as a consequence. The last urine drug screen from the submitted record dates from 3-28-2012. The injured worker has not returned to the work force. Typical questions regarding pain should include least pain, worst pain, average pain, duration to onset of analgesia, and duration of analgesia. This line of inquiry is generally lacking in the submitted medical record. Instead, there are found general statements such as "she is doing well on the medication". In essence, the requirements for chronic opioid treatment are not satisfied in this case, at least from a documentation perspective. Therefore, the medical necessity for Butrans patch 15 mcg, QTY 4 is not established. This request is not medically necessary.