

<b>Case Number:</b>	CM15-0036889		
<b>Date Assigned:</b>	03/05/2015	<b>Date of Injury:</b>	03/05/2010
<b>Decision Date:</b>	04/20/2015	<b>UR Denial Date:</b>	01/27/2015
<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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 50 year old female, who sustained an industrial injury on March 5, 2010. The injured worker was diagnosed as having a 4mm herniated disc of the cervical spine with radiculopathy, status post right shoulder subacromial decompression and distal clavicle resection, status post right carpal tunnel release, right elbow ulnar neuritis, left shoulder impingement syndrome rotator cuff tendinosis, and status post left shoulder arthroscopy. Treatment to date has included physical therapy, cervical spine MRI, left should arthroscopy, and medication. On July 28, 2014, the injured worker complained of neck pain, with pain and numbness radiating into her bilateral upper extremities, right worse than left. The single Physician's progress note submitted for review dated July 28, 2014, noted the injured worker receiving physical therapy for her cervical spine, with neck pain symptoms at a level 8 to 9 on a 0 to 10 pain scale. A cervical spine MRI dated July 3, 2014, was noted to show straightening of the cervical lordosis which may have been associated with spasm, C5-C6 2-3mm posterior disc protrusion and 3-4mm anterior disc protrusion, and C6-C7 3-4mm posterior disc protrusion/extrusion with compromise of the existing nerve roots bilaterally. Tenderness was noted over the bilateral upper trapezius and bilateral posterior cervical paraspinal musculature, with muscle spasms and myofascial trigger points noted, and increased neck pain upon extremes of all range of motion (ROM) about her cervical spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Amitiza 24mcg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Chapter; opioids induced constipation treatment.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

**Decision rationale:** The claimant is more than 5 years status post work-related injury and continues to be treated for chronic neck and bilateral upper extremity pain. When seen by the requesting provider she had ongoing pain rated at 8-9/10 and was not working. Medications include Butrans. Guidelines recommend treatment due to opioid-induced constipation which is a common adverse effect of long-term opioid use and can be severe. In this case, whether the claimant has constipation due to opioids is unknown as is her response to other treatments that would be expected to be effective for this side effect. Therefore, Amitiza was not medically necessary.

**Butrans 5mcg #4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids criteria for use.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Opioid-induced constipation treatment.

**Decision rationale:** The claimant is more than 5 years status post work-related injury and continues to be treated for chronic neck and bilateral upper extremity pain. When seen by the requesting provider she had ongoing pain rated at 8-9/10 and was not working. Butrans (buprenorphine) is a sustained release formulation and would be used to treat baseline pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction, there is poor pain control and the claimant is not currently working. The claimant meets criteria for discontinuing opioid medication and therefore continued prescribing of Butrans was not medically necessary.