

Case Number:	CM15-0041834		
Date Assigned:	03/12/2015	Date of Injury:	01/14/2011
Decision Date:	04/21/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/05/2015

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: 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 34-year-old male, who sustained an industrial injury on January 14, 2011. The injured worker reported neck, right arm and left arm pain with numbness and tingling of the right arm. The injured worker was diagnosed as having cervical facet syndrome, cervogenic headaches, cervical disc replacement and bilateral shoulder tendonitis. Treatment to date has included physical therapy, modified activity, injections and oral medication. Diagnostically he had magnetic resonance imaging (MRI) and subsequent disc replacement in 2012. A progress note dated February 5, 2015 the injured worker complains of neck stiffness and pain. He had cervical block with good effect in January 2015 and now has residual symptoms. Physical exam notes neck spasm and pain on palpation. The plan is to change Butran patch dosage with the hope of discontinuing Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butran patch 10mcg, 1 every 7 days, #4 units, 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 9792.26 Page(s): 74-94.

Decision rationale: Butrans is indicated for the management of pain severe enough to require daily, around-the-clock, long-term opioid treatment and for which alternative treatment options are inadequate. The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Butrans was prescribed to allow this patient to wean off Norco status post facet injection. Original reviewer modified medication request to Butrans 10mcg/hr #4, 1 refill. Butran patch 10mcg, 1 every 7 days, #4 units, 3 refills is not medically necessary.