

Case Number:	CM15-0046927		
Date Assigned:	03/19/2015	Date of Injury:	08/02/1999
Decision Date:	04/24/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/12/2015

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 August 2, 1999. The injured worker was diagnosed with chronic right knee pain with posterior traumatic arthritis, right shoulder impingement syndrome, and lumbar multi-level spondylosis. The injured worker is status post a right shoulder rotator cuff repair (no date documented). According to the primary treating physician's latest progress report on November 20, 2014 in this review, the injured worker noted itching and twitching from Galise which she discontinued and then had a severe increase in pain. Examination demonstrated tenderness to palpation in the right upper leg and knee tenderness over the left groin hip region. The injured worker had limited range of motion of the back in all directions with decreased motor strength in the bilateral lower extremities. A non-antalgic gait was noted. The left shoulder had severe limitations in range of motion and strength. Current medications are listed as Cymbalta, Butrans Patch, Wellbutrin XL and Ibuprofen. Treatment plan consists of continuation of prescribed medications with the requested authorization for Butrans Patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans DIS 20mcg/hr: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78-79.

Decision rationale: The patient is a 52 year old female with an injury on 08/02/1999. She has knee and shoulder pain. MTUS Chronic Pain Medical Treatment Guidelines for on-going treatment with opiates require documentation of improved functionality with respect to the abilities to do activities of daily living or work and monitoring for efficacy, adverse effects and abnormal drug seeking behavior. The documentation provided for review does not meet these guidelines. Butrans patch is not medically necessary.