

Case Number:	CM15-0055341		
Date Assigned:	03/30/2015	Date of Injury:	03/22/2011
Decision Date:	05/01/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	03/23/2015

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: Emergency 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 56 year old female, who sustained an industrial injury on 03/22/2011. The medical records submitted for this review did not include the details regarding the initial injury. Diagnoses include myofascial pain syndrome, lumbosacral disc degeneration, bicipital tenosynovitis, and rotator cuff injury. Treatments to date include mediation therapy, physical therapy, acupuncture and psychological therapy. Currently, she complained chronic pain in the cervical spine, lumbar spine and bilateral shoulders associated with numbness and tingling in bilateral upper extremities. On 2/2/15, the physical examination documented no objective clinical findings. The plan of care included medication therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans 5mcg with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Topical Analgesics Page(s): 79-80, 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines page 27-28, Buprenorphine Page(s): 27-28.

Decision rationale: The requested Butrans 5mcg with 1 refill, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, page 27-28, Buprenorphine, note that it 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. The injured worker has chronic pain in the cervical spine, lumbar spine and bilateral shoulders associated with numbness and tingling in bilateral upper extremities. The treating physician has not documented: the presence or history of opiate addiction or detoxification, derived functional improvement from previous use nor measures of opiate surveillance. The criteria noted above not having been met, Butrans 5mcg with 1 refill is not medically necessary.