

Case Number:	CM15-0061855		
Date Assigned:	04/07/2015	Date of Injury:	08/02/2011
Decision Date:	05/07/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/01/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 49 year old female who sustained an industrial injury on August 2, 2011. The injured worker was diagnosed with ulnar abutment syndrome, bilateral shoulder pain, and right wrist tendinitis, cervical and lumbar sprain/strain. Treatment to date includes diagnostic testing including Electromyography (EMG)/Nerve Conduction Velocity (NCV) studies, lumbar, cervical, right wrist and shoulder magnetic resonance imaging (MRI)s, steroid injections, surgery, physical therapy, bone scan of the wrist and medications. The injured worker is status post right carpal tunnel release in October 2013 and an ulnar transposition surgery (no date documented). The injured worker received a cortisone injection to the right wrist on February 18, 2014. According to the primary treating physician's progress report on March 5, 2015, the injured worker continues to experience upper extremity pain. Examination demonstrated tenderness over the right forearm, wrist and medial elbow with decreased range of motion. Current medications are listed as Voltaren gel, Nexium and Butrans Patch 5mcg. Treatment plan is continue with medications as prescribed and the current request for increased Butrans Patch to 10mcg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans 10mcg Qty: 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine and ongoing management Page(s): 26-27 and 78-80.

Decision rationale: Butrans 10mcg Qty: 4 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that Butrans is recommended for treatment of opiate addiction and as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. Butrans is a schedule-III controlled substance. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing long-term opioid use without improvement in function or pain. The documentation submitted does not reveal the above pain assessment or clear monitoring of the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The documentation reveals that the patient has a history of past inconsistent urine drug screens. There is no evidence that since starting the Butrans Patch there has been monitoring of aberrant behavior or functional improvement. The request for Butrans 10mcg is not medically necessary.