

Case Number:	CM15-0081341		
Date Assigned:	05/04/2015	Date of Injury:	07/12/2012
Decision Date:	06/02/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/28/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 69 year old female, who sustained an industrial injury on July 12, 2012. She reported right shoulder pain, neck pain, mid back pain and low back pain. The injured worker was diagnosed as having right shoulder impingement, ankle sprain, lumbar spine strain with spondylolisthesis, thoracic spine stenosis and left carpal tunnel syndrome. Treatment to date has included radiographic imaging, diagnostic studies, cortisone injections to the shoulder, physical therapy, medications and work restrictions. Currently, the injured worker complains of continued neck pain, right shoulder pain with numbness and tingling radiating to the right forearm, mid back pain and low back pain. The injured worker reported an industrial injury in 2012, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. Evaluation on March 31, 2015, revealed continued pain as noted. Surgical intervention was discussed. Pain patches were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans 15 mg patch times four: 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 Butrans
Page(s): 26-27.

Decision rationale: Buprenorphine (Butrans) is used for treatment of opioid addiction or for chronic pain after detoxification of opioid use. Its use as a patch has been used due to the advantages of no analgesic ceiling, good safety profile and ability to suppress opioid withdrawal. In this case there is no mention of opioid addiction or need for opioid detoxification. The claimant was on Tramadol and Butrans was added for pain control. No one opioid is superior to another. As a result, the use of Butrans patches is not medically necessary.