

<b>Case Number:</b>	CM15-0085084		
<b>Date Assigned:</b>	05/07/2015	<b>Date of Injury:</b>	05/10/2012
<b>Decision Date:</b>	06/16/2015	<b>UR Denial Date:</b>	04/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/04/2015

### 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: Pennsylvania, Ohio, California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 male, who sustained an industrial injury on 5/10/12. The mechanism of injury was not noted. The diagnoses have included thoracalgia rule out Herniated Nucleus Pulposus (HNP), thoracic spasms, cervicalgia, cervicobrachial syndrome, cervical spasms, post traumatic headaches, bilateral elbow lateral epicondylitis, bilateral shoulder tenosynovitis rule out derangement, lumbar facet syndrome, sacroiliitis and probable post traumatic hypertension. Treatment to date has included medications, labs, diagnostic testing, and conservative care. The diagnostic testing that was performed included cardio-respiratory diagnostic testing dated 10/28/14. Currently, as per the physician progress note dated 3/5/15 the injured worker complains of posterior neck pain with stiffness and tightness that radiates to the back of the head, right arm, right fingers, right forearm and hand. There is constant left wrist pain that radiates to the left elbow with weakness and stiffness. There is right wrist pain that radiates to the right hand with stiffness, tingling and weakness. There is left shoulder pain that radiate s to the left hand with numbness, tingling and weakness. There is right shoulder pain with weakness. There is bilateral low back pain that radiates to the left and right buttocks and right leg with associated stiffness and tightness. There is right knee pain with occasional popping. There is constant left knee pain with popping. There is mid back pain with tightness and stiffness and left elbow pain and he reports that it feels hot to touch. Physical exam revealed decreased range of motion in the cervical spine with pain, decreased lumbar range of motion with moderate pain, decreased range of motion in the bilateral shoulders, decreased range of motion in the bilateral knees, there was positive orthopedic testing in the bilateral shoulders with

decreased strength noted, there was tenderness in the lumbar spine, positive straight leg raise on the left, positive Kemps test bilaterally, and there is positive joint line tenderness in the bilateral knees with positive orthopedic testing bilaterally. The current medications included Butrans patches, Lovanza, Gaviscon, Vitamin D, Losartan, Lisinopril, Hydrochlorothiazide, Amlodipine, Aspirin, Omeprazole, and Amitriptyline. Which the injured worker reported was beneficial to him. Work status is temporary total disability for the next 6 weeks. Treatment was to continue with medications. The physician requested treatment included Butrans Patches 15mcg for 7 days.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Butrans Patches 15mcg for 7 days: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine; Topical Analgesics Page(s): 26, 111.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management Page(s): 78.

**Decision rationale:** MTUS discusses in detail the 4 A's of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. The records in this case do not meet these 4As of opioid management and do not provide a rationale or diagnosis overall for which ongoing opioid use is supported. Therefore this request is not medically necessary.