

Case Number:	CM15-0088069		
Date Assigned:	05/12/2015	Date of Injury:	02/12/2012
Decision Date:	06/22/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	05/07/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 57 year old male who sustained an industrial injury on February 12, 2012. Previous treatment includes medications and trigger point injections. Currently the injured worker complains of cervical spine pain. On examination, the injured worker has moderate tenderness to palpation over the occipital groves and moderate tenderness over the right scapular area. There is moderate restriction and pain of movement in all directions. The injured worker exhibited right upper trapezius muscle spasm. Diagnoses associated with the request include chronic pain, myofascial pain with trigger points and degenerative cervical intervertebral disc disease. The treatment plan includes trigger point injections, H-wave/E-stim unit, Ultram, Voltaren, and Butrans.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans patches 10 mcg, Qty 4 with 1 refill: 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 Buprenorphine Page(s): 26.

Decision rationale: The claimant sustained a work injury in February 2012 and continues to be treated for neck pain, back pain, and headaches. Treatments have included medications and trigger point injections. When seen, pain was rated at 7/10. Medications being prescribed include Butrans and Ultram ER. Butrans (buprenorphine) is recommended as an option for treatment of chronic pain in selected patients such as for analgesia in patients who have previously been detoxified from other high-dose opioids. In this case, when prescribed the claimant was taking another sustained release opioid, tramadol ER at a low MED (morphine equivalent dose) of 20 mg per day. He had not been taking high dose opioid medication. Additionally, there is no documentation that medications are providing decreased pain, increased level of function, or improved quality of life. Butrans was not medically necessary.