

<b>Case Number:</b>	CM15-0089430		
<b>Date Assigned:</b>	05/13/2015	<b>Date of Injury:</b>	09/10/1996
<b>Decision Date:</b>	06/16/2015	<b>UR Denial Date:</b>	04/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2015

### 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: Internal Medicine, Rheumatology

### 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 63 year old female, who sustained an industrial injury on September 10, 1996. The injured worker was diagnosed as having complex regional pain syndrome (CRPS), fibromyalgia and severe depression. Treatment and diagnostic studies to date have included opioids and benzodiazepines. A progress note dated April 10, 2015 provides the injured worker complains of severe right upper extremity pain rated 10/10. She reports being upset that medications are not approved. Urinary drug screen (UDS) is negative. Physical exam notes the injured worker is holding right arm in flexed position, the right hand is cool greater than the left and positive Hoffman's reflex predominantly on the right. Butrans was giving 30-40% relief. The plan is for Butrans and Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Butrans 20 MCG/Hr #4:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiods, criteria for use Page(s): 76-85, 88-89.

**Decision rationale:** This 63 year old female has complained of right arm pain since date of injury 9/10/96. She has been treated with physical therapy and medications to include opioids since at least 12/2014. The current request is for Butrans. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of DIS documentation and failure to adhere to the MTUS guidelines, Butrans is not medically necessary.