

Case Number:	CM14-0111216		
Date Assigned:	08/01/2014	Date of Injury:	10/04/2008
Decision Date:	09/04/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/16/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in Texas and Oklahoma. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 58-year-old male with a date of injury of 10/4/08. The injury occurred when the injured worker was moving cat carriers and a bag of cat litter, and pulled muscles in his back. His diagnoses include cervical disc disease with evidence of right cervical radicular complaints, myofascial pain syndrome, and degenerative disc disease of the thoracic spine. His previous treatments were noted to include epidural injections, physical therapy, acupuncture, chiropractic care, TENS unit, and pain medication. The progress note dated 5/28/14 revealed that the injured worker complained of pain in the thoracic spine rated 8/10. The injured worker described his pain as crampy, shooting, aching, sharp, and constant. The injured worker indicated the pain medication and TENS unit made the pain better. The physical examination of the cervical spine showed tenderness to palpation around the bilateral trapezius muscles associated with spasming. The range of motion was diminished and deep tendon reflexes were 2+ and symmetrical. The shoulder examination revealed mild tenderness over the acromioclavicular joint, but there was no tenderness to palpation of the rotator cuff. The range of motion was diminished and there was a mild impingement syndrome to the right shoulder. The deep tendon reflexes were 2+. The thoracic spine examination revealed paraspinal palpation of tenderness bilaterally associated with spasming in the lower thoracic spine. The range of motion was within normal limits. There was negative straight leg raising and deep tendon reflexes were noted to be 1+.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans 10mcg Patch #4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine When to Discontinue Opioids Opioids, Pain Treatment Agreement. Decision based on Non-MTUS Citation Official Disability Guidelines: Criteria for Opioid Use.

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

Decision rationale: The injured worker has been utilizing opioids for chronic pain. The California Chronic Pain Medical Treatment Guidelines recommend buprenorphine for treatment of opioid addiction. It is also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opioid addiction. There is a lack of documentation regarding opioid dependence. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.