

Case Number:	CM14-0120661		
Date Assigned:	09/16/2014	Date of Injury:	10/15/2004
Decision Date:	10/29/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	07/31/2014

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 Anesthesiology has a subspecialty in Pain Medicine and is licensed to practice in California. 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 54 year old male who was injured on 10/15/04 while tying a rebar and standing on a ledge when his foot gave way and he fell 3 feet but was able to hang by his right arm. He felt a pop and acute pain in the right shoulder. MRI revealed full thickness rotator cuff tear. The injured worker underwent a right shoulder arthroscopic surgery with rotator cuff repair on 02/09/10. Current diagnoses include right shoulder derangement status post arthroscopic subacromial decompression and rotator cuff repair. The clinical note dated 06/13/14 indicated the injured worker presents with low back pain that spreads to the buttock, left greater than the right, and sometimes to the knee. The pain level is typically 8/10, worse with standing straight and with lying down. The injured worker also complains of numbness in his back and occasional weakness in his legs. The injured worker had lumbar epidural injection in January of 2014 which provided significant pain relief for about 4 weeks. Physical examination revealed normal muscle tone without atrophy in the bilateral upper and lower extremities. The clinical note dated 06/26/14 indicated the injured worker came for a medication refill. The injured worker was started on Butrans patch 10mcg per hour last clinic visit. He reported side effects of nausea, dry mouth, and difficulty focusing. He also indicated he is still experiencing symptoms with a 2nd patch. The injured worker was advised to discontinue the Butrans patch. Medications included Butrans 10mcg per hour patch, Trazadone 50mg, Advil, Amiodarone Hydrochloride 200mg, Baclofen 10mg, Benazepril 40mg, and Diltiazem 24 hour ER. The previous request for Butrans 10mcg per hour patch #4 was non-certified on 07/22/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans 10mcg/hr patch #4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine:. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic)

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

Decision rationale: Butrans is recommended for treatment of opiate addiction and also as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction Suggested patient populations include those with a hyperalgesic component to pain; centrally mediated pain; neuropathic pain; high-risk of non-adherence with standard opioid maintenance; and for analgesia in patients who have previously been detoxified from other high-dose opioids. There is no indication in the documentation that first-line treatment options were attempted prior to Butrans. Additionally, there is no evidence of opiate addiction or prior detoxification requiring specialized medication regimens. Further, the injured worker had side effects of nausea, dry mouth, and difficulty in focusing with the first and second Butrans patch and was advised to discontinue the patch. As such, the request for Butrans patch 10mcg/hr patch #4 is not supported as medically necessary.