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| Case Number: | CM14-0133686 | | |
| Date Assigned: | 08/25/2014 | Date of Injury: | 10/06/2003 |
| Decision Date: | 10/23/2014 | UR Denial Date: | 08/04/2014 |
| Priority: | Standard | Application Received: | 08/18/2014 |

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 Management and is licensed to practice in Georgia. 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 claimant is a 59 year old female presenting with chronic pain following a work related injury on 10/03/2003. The claimant presented with chronic neck pain radiating to the bilateral upper extremity and low back pain radiating to the bilateral lower extremity. The physical exam showed moderate distress, tenderness at the C4-7 levels on palpation, and moderately limited range of motion of the cervical spine. The claimant was diagnosed with cervical radiculopathy, status post fusion in the cervical spine, occipital neuralgia, iatrogenic opioid dependency, chronic pain other and dysphagia. The claimant's medications include Clonidine, Klonopin, Lidoderm 5% Patch, Percocet, Senakot, Tizanidine, Pecocet, Vitamin D, Trazodone and Butrans. There was a claim for Butrans Patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans patch #4 one per week: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Page(s): 79.

Decision rationale: Butrans Patch #4 one per week is not medically necessary. Per MTUS Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. The claimant has long-term use with this medication and there was a lack of improved function with this opioid. Infact the claimant was designated permanent and stationary; therefore the requested medication is not medically necessary.