

Case Number:	CM14-0138225		
Date Assigned:	09/05/2014	Date of Injury:	11/09/2010
Decision Date:	10/24/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	08/26/2014

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 Internal Medicine, has a subspecialty in Rheumatology, and is licensed to practice in Maryland. 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 patient is a 45-year-old with date of injury November 9, 2010. The mechanism of injury is stated as strapping down a wheelchair and feeling a sharp pain in her wrist. The patient has complained of left hand pain since the date of injury. She is status post endoscopic carpal tunnel release of the left wrist in February of 2011. She is status post open carpal tunnel release in August of 2011. She has also been treated with physical therapy and medications. There are no radiographic reports included for review. Objective: left hand: flexion contractures of first and second digits; hyperalgesia and weakness. Diagnoses: causalgia left hand, osteoarthritis left hand. Treatment plan and request: Butrans patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans patch 5 mcg, four count, provided on June 17, 2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

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

Decision rationale: This 45-year-old patient has complained of left hand pain since date of injury November 9, 2010. She has been treated with carpal tunnel release surgery, physical

therapy and medications to include opioids since June of 2014. The current request is for Butrans patch. 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. Therefore, the request for the Butrans patch 5 mcg, four count, provided on June 17, 2014, is not medically necessary or appropriate.