

Case Number:	CM14-0141903		
Date Assigned:	09/10/2014	Date of Injury:	10/04/2010
Decision Date:	10/10/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/02/2014

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 Interventional Spine 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 patient is a 47-year old male with an injury date of 10/04/10. The 08/12/14 progress report by [REDACTED] states that the patient presents with bilateral neck pain radiating into the bilateral shoulders, bilateral biceps, bilateral radial forearms, and bilateral hands with numbness and paresthesias. The patient also presents with persistent right biceps pain since shoulder surgery (2009). Prolonged sitting or standing, lifting, twisting, lying down, coughing, sneezing and bearing down exacerbate pain. The reports are not clear on whether the patient is working. Examination reveals tenderness upon palpation of the right shoulder and of the thoracic and lumbar paraspinal muscles. There is also tenderness upon palpation of the cervical paraspinal muscles overlying the bilateral C5-T1 facet joints. Lumbar, cervical and right shoulder ranges of motion were restricted by pain in all directions. The patient's diagnoses include: 1. Lumbar radiculopathy 2. Right shoulder derangement 3. Right shoulder surgery in 2009. 4. Left shoulder pain 5. Cervical degenerative disease 6. Cervical disc protrusion at C5-C6 7. Central disc protrusion at L4-L5; L5-S18. Lumbar sprain strain 9. Depression Current medications are listed as Nuvgil, Ambien, Levothyroxine, Butrans patch, Zolof, clonazepam, gabapentin, Cialis, benazepril and Latuda. The utilization review being challenged is dated 08/22/14. Reports were provided from 11/08/13 to 08/12/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans Patch 20 mcg apply 1 patch q 7 days #4 with 0 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 78, 88, 89.

Decision rationale: Regarding opiates, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. On 09/24/13 and 09/10/13 the physician notes discussion with the patient regarding risks and side effects of long term opioid use. However, in this case, there is no discussion of "pain assessment" as required by MTUS. No urine toxicology or other opiate management issues were provided, and no specific ADL's are mentioned to show a significant change with use of this medication. Therefore, Butrans Patch 20 mcg apply 1 patch q 7 days #4 with 0 refills is not medically necessary.