

<b>Case Number:</b>	CM14-0161350		
<b>Date Assigned:</b>	10/06/2014	<b>Date of Injury:</b>	01/16/2006
<b>Decision Date:</b>	11/06/2014	<b>UR Denial Date:</b>	09/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2014

### 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 Florida. 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 62-year-old male who reported an injury on 01/16/2006. The mechanism of injury was not stated. The current diagnoses include right wrist intra-articular injury, cervical spine disc protrusion, and right rotator cuff repair on 01/16/2009. The injured worker was evaluated on 09/15/2014 with complaints of persistent pain in the lower back and shoulder. Previous conservative treatment includes radiofrequency ablation and medications. The current medication regimen includes Butrans, Cymbalta, Fetzima, Ibuprofen, Norco, and Prilosec. Physical examination revealed diminished motor strength in the right shoulder, normal muscle tone, limited lumbar range of motion, limited cervical range of motion, tenderness to palpation over the L3-S1 facet capsules, and normal deep tendon reflexes. Treatment recommendations included continuation of the current medication regimen. A Request for Authorization form was then submitted on 09/17/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Butrans 15mcg/hr patches #4:** 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 Page(s): Page 26-27.

**Decision rationale:** California MTUS Guidelines state buprenorphine is recommended for "treatment of opioid addiction." It is also recommended as an option for chronic pain, after detoxification in patients who have a history of opioid addiction. There is no documentation of a recent detoxification or a diagnosis of opioid addiction. Additionally, the injured worker has continuously utilized this medication since 07/2014 without any evidence of objective functional improvement. There is also no frequency listed in the request. Therefore, the request is not medically appropriate. The request for Butrans 15mcg/hr patches #4 is not medically necessary.

**Norco 10/325mg #90:** 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 Page(s): 74-82.

**Decision rationale:** California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has continuously utilized this medication since 02/2012. There is no documentation of objective functional improvement. There is also no frequency listed in the request. As such, the request is not medically necessary.