

Case Number:	CM14-0180208		
Date Assigned:	11/04/2014	Date of Injury:	02/11/2008
Decision Date:	12/09/2014	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	10/30/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 64-year-old man who sustained a work related injury on February 11, 2008. Subsequently, he developed chronic shoulder and neck pain. According to the progress report dated October 9, 2014, the patient complained of neck and left shoulder pain. The patient rated his pain with medications as a 1/10 and without medications as a 2/10. He stated that medications are working well. Medication side effects felt by the patient included abdominal pain. Examination of the cervical spine revealed asymmetry or abnormal curvature of the cervical spine. Range of motion was restricted with flexion limited to 44 degrees, extension limited to 28 degrees limited by pain, right lateral bending limited to 18 degrees limited by pain, and left lateral bending limited to 22 degrees limited by pain. On examination of paravertebral muscles, tenderness, tight muscle band and trigger point was noted on the left side. Spurling's maneuver produced no pain in the neck musculature or radicular symptoms in the arm. All upper reflexes were equal and symmetric. Inspection of the left shoulder joint revealed no swelling, deformity, joint asymmetry or atrophy. Movements were restricted with flexion and abduction. Hawkins test was positive. Neer test was positive. The neurological examination was normal. The patient was diagnosed with shoulder pain, spasm of muscle, and cervical strain. The provider requested Butrans Patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription For Four Butrans Patches 10mcg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, ongoing use of Opioids should follow specific rules:<(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy.(b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Ongoing review and documentation of pain relief, functional status,appropriate medication use, and side effects. Pain assessment should include: currentpain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on Opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework>.According to MTUS guidelines, Butrans is recommended to treat Opiate addiction. There is no evidence or documentation of recent Opioids addiction in this case. The reported level of pain was 1-2/10 which is not enough severe to require the use of Opioids. Therefore, the request for Butrans Patch 10 MCG is not medically necessary.