

Case Number:	CM14-0100568		
Date Assigned:	09/16/2014	Date of Injury:	12/31/2008
Decision Date:	06/22/2015	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	06/30/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 69 year old male patient, who sustained an industrial injury on 12/31/2008. The current diagnoses are status post C5-7cervical fusion (2008), cervical radiculopathy, probable pseudoarthrosis, and left shoulder arthralgia. He sustained the injury while lifting plywood to put on to a roof. Per the doctor's note dated 11/14/14, he had complaints of neck pain and left shoulder pain. According to the progress report dated 5/30/2014, he had complains of neck pain with radiation down the left lower extremity to the level of the elbow associated with numbness, tingling, and weakness. Additionally, he reports "popping" in his neck when he moves, severe pain in the left shoulder with movement, and persistent headaches. The pain is rated 5-6/10 on a subjective pain scale. The physical examination revealed tenderness to palpation over the midline and left paraspinal muscles, restricted range of motion, and decreased sensation along the left C5 dermatome. The medications list includes lidopro cream, Norco and Prilosec. He has had multiple diagnostic studies including X-rays, MRI studies, CT scan and electrodiagnostic testing for this injury. He has undergone multiple shoulder surgeries and cervical fusion surgery. He has had physical therapy, chiropractic and acupuncture for this injury. He has had urine drug screen on 9/10/14 which was inconsistent for hydrocodone. The plan of care includes prescription for Butrans patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF BUTRANS PATCH 5MCG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BUPRENORPHINE.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use: page 76-80 Buprenorphine page 26-27.

Decision rationale: 1 PRESCRIPTION OF BUTRANS PATCH 5MCG Butrans contains Buprenorphine which is a partial opioid agonist. According to the cited guideline Buprenorphine is, "Recommended for selected patients for treatment of opioid dependence." The medications list includes norco, prilosec and lidopro cream. Evidence that the pt has opioid dependence and the buprenorphine is going to be used for that is not specified in the records provided. A plan to discontinue narcotics is not specified in the records provided. According to the cited guidelines, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that the patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Continuing review of overall situation with regard to non-opioid means of pain control. "Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. MTUS guidelines also recommend urine drug screen to assess for the use or the presence of illegal drugs in patients using opioids for long term. He has had a urine drug screen on 9/10/14 which was inconsistent for hydrocodone. With this, it is deemed that this patient does not meet criteria for the ongoing use of opioid analgesics. The medical necessity of 1 PRESCRIPTION OF BUTRANS PATCH 5MCG is not medically necessary.