

Case Number:	CM14-0192258		
Date Assigned:	11/25/2014	Date of Injury:	02/23/2011
Decision Date:	01/29/2015	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	11/17/2014

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 Rehab, 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 67 year old female with an injury date of 02/23/2011. According to the 05/01/2014 progress report, the patient presents with neck pain, upper extremity pain, shoulder impingement, low back pain, headaches, migraine, and anxiety. Activities of daily living are limited due to the severity of neck, shoulder, and back pain. She has numbness radiating from her neck to her arms. Her face has also become numb. Her balance is limited and neck pain interferes with range of motion. The 06/19/2014 report states that the patient's memory has been impaired by her head injury and she now has unfocused conversations. Her pain remains constant, centralized, and radiates to the tailbone. Sitting is tolerated for 30 minutes before she needs to interrupt the activity due to her pain. Shoulder pain increases with daily activities, aggravated by brushing her hair, pushing, pulling, and carrying objects. She has difficulty standing on 1 leg, bilaterally with difficulty walking in a straight line. She has a tandem gait and loss of balance. The 10/02/2014 report says that the patient has a tenderness coccyx. She has a reduction of sensation in the right upper extremity and in the median nerve distributions, bilaterally. Regarding her legs, there is a reduction of sensation in the right lower extremity. The patient's diagnoses include the following:

1. Chronic neck pain with spondylosis.
2. Radiating paresthesias from neck to upper extremities.
3. Thoracic outlet syndrome, bilateral, myofascial with scalene hypertrophy.
4. Shoulder impingements, bilateral.
5. Gastrointestinal dysfunction aggravated by long-term analgesic medication use.
6. Low back pain with spondylosis.
7. Headaches, migraine, chronic.
8. Anxiety associated with chronic pain.
9. Poor tolerance of oral medications with sedation and nausea.
10. Residual of minor head injury with mild generalized cortical atrophy.

The utilization review determination being challenged is dated 10/16/2014. There were treatment reports provided from 03/06/2014 - 10/02/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans Patch 5mg; quantity 4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 76-78; 88-89.

Decision rationale: The injured worker presents with neck pain, shoulder impingement, headaches, migraines, low back pain, and anxiety. The request is for Butrans Patch 5mg #4. The injured worker has been taking Butrans as early as 05/01/2014. MTUS Guidelines pages 88 and 89 states, "pain should be assessed at each visit, and functioning should be measured at 6-month intervals using the 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. In this case, none of the 4As were addressed as required by MTUS. The treater fails to provide any pain scales. There are no examples of ADLs which demonstrate medication efficacy or are there any discussions provided on adverse behavior/side effects. There is no opiate management issues discussed such as CURES report, pain contracts, etc. No outcome measures are provided either as required by MTUS. In addition, urine drug screen to monitor for medicine compliance are not addressed. The treating physician has failed to provide the minimum requirements of documentation that are outlined in the MTUS for continued opioid use. The requested Butrans patch is not medically necessary.