

Case Number:	CM15-0012539		
Date Assigned:	02/02/2015	Date of Injury:	02/01/1999
Decision Date:	03/19/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/22/2015

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: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

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 51 year old female who sustained an industrial injury on 02/01/1999. She continues to complain of neck pain radiating down the bilateral upper extremities, and back pain radiating down both lower extremities. Diagnoses include cervical radiculopathy, fibromyalgia, headaches, cervicogenic, anxiety, depression, chronic pain, bilateral shoulder surgery, and status post detox. Treatment to date has included medications, home exercise program, and Transcutaneous Electrical Nerve Stimulation (TENS Unit). A physician progress note dated 11/07/2014 documents a Magnetic Resonance Imaging of the right knee reveals medial meniscal tear with chondromalacia. A physician progress note dated 12/08/2014 documents the injured worker complains of neck pain radiating down bilateral upper extremities and low back pain that radiates down bilateral lower extremities. Her pain is rated 10 out of 10 with medications. Pain is chronic, and episodic. There is tenderness in the cervical and lumbar spine with limited range of motion. She has tenderness with palpation noted with bilateral knees with mild swelling and painful range of motion. Treatment requested is for Butrans Patch 20mcg #4. On 12/23/2014 Utilization Review non-certified the request for Butrans Patch 20mcg #4 and cited was California Medical Treatment Utilization Schedule (MTUS)-Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans Patch 20mcg #4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TWC Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79.

Decision rationale: Butrans Patch 20mcg #4 is not medically necessary. Butrans is transdermal Buprenorphine, an opioid agonist and antagonist. Per MTUS Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. The claimant has long-term use with this medication and there was a lack of improved function with this opioid. Additionally, Butrans is not considered first line opioid medication; therefore the requested medication is not medically necessary.