

Case Number:	CM15-0017446		
Date Assigned:	02/05/2015	Date of Injury:	03/06/2002
Decision Date:	03/30/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	01/29/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 46 year old female, who sustained an industrial injury on 03/06/2002. The diagnoses have included cervical spondylosis without myelopathy, displacement of cervical intervertebral disc without myelopathy, and cervical radiculitis. Treatments to date have included surgery, physical therapy, epidurals, trigger point injections, acupuncture, chiropractic therapy, and medications. No MRI report noted in received medical records. In a progress note dated 12/12/2014, the injured worker presented with complaints of neck pain and shoulder pain. The treating physician reported continued numbness in the bilateral upper limb. Utilization Review determination on 01/27/2015 non-certified the request for Butrans Patches 10mg #30 citing Medical Treatment Utilization Schedule Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans patch 10mcg/hr #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 26-27, 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: This patient presents with neck pain, shoulder pain, radiating into the arms. The treater has asked for Butrans Patch 10MCG/HR #30 on 1/15/15. Review of reports show that the patient has not used Butrans patch before trial started on 1/15/15. For chronic opioids use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a 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. The patient is temporarily totally disabled. In this case, the patient has a chronic pain condition, and a trial of Butrans may be appropriate. As of 12/12/14, the patient was on Norco and Percocet which he has been taking since 6/13/14 report. The patient discontinued Norco and Percocet, and is currently taking Morphine Sulfate per 1/15/15 report. The 1/15/15 report states the patient is starting Butrans patch and Robaxin. Regarding medications for chronic pain, MTUS pg. 60 states treater must determine the aim of use, potential benefits, adverse effects, and patient's preference. Only one medication should be given at a time, a trial should be given for each individual medication, and a record of pain and function should be recorded. The patient has been on several opiates, and currently on MS contin. The treater does not explain why Butrans is being added on top of MS contin. Efficacy in terms of pain and function for MS contin has not been established and adding another opiate, a weaker one, does not appear supported. The request IS NOT medically necessary.