

<b>Case Number:</b>	CM15-0113891		
<b>Date Assigned:</b>	06/22/2015	<b>Date of Injury:</b>	07/29/2011
<b>Decision Date:</b>	07/21/2015	<b>UR Denial Date:</b>	05/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2015

### 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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 59 year old male who sustained an industrial injury on 07/29/2011. Current diagnoses include closed head injury, traumatic injury to teeth, possible recurrent rotator cuff tear, TMJ, bilateral carpal tunnel syndrome and right cubital tunnel syndrome, post traumatic stress disorder, cervical disc degeneration with bilateral chronic active radiculopathy, status post right shoulder surgery, right shoulder rotator cuff tear, right tibial plateau fracture displaced, and right shoulder dislocation, status post reduction. Previous treatments included medication management, right shoulder surgery, and cortisone injection. Initial injuries included the right leg, right side, right arm, and mouth after falling. Report dated 05/15/2015 noted that the injured worker presented with complaints that included neck pain with radiation to the right upper extremity, right shoulder pain, right knee pain, left knee pain, jaw pain, airway passage issues, and dyspepsia. Pain level was 7-8 (without medications and 2-3 (with medications) out of 10 on a visual analog scale (VAS). Current medications include tramadol Hcl, Zanaflex, and Maalox. Examination of the shoulders revealed palpable tenderness over the anterior and posterior deltoid on the right and acromion process, decreased range of motion on the right side, pain with range of motion, and Neer's test, apprehension test, and empty can test were all positive. Examination of the knees revealed tenderness in the lateral tibial plateau on the right knee, patella compression test causes discomfort in the right knee, apprehension test is positive on the right knee, pain with range of motion, and pain with valgus stress test. The treatment plan included administered an injection to the right subacromial, request for x-rays of the right knee,

physical therapy, prescribed Butrans, and follow up in 4-6 weeks. Disputed treatments include Butrans patches.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Butrans 10mg #4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 88, Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 27 of 127.

**Decision rationale:** This claimant was injured in 2011. There was a closed head injury, teeth injury and recurrent rotator cuff tear. As of May, there is still pain in many areas and dyspepsia. The medicine drops the pain about 6 VAS points; objective functional improvement is not noted out of the regimen. There is no mention of opiate addiction issues. The MTUS notes this medicine is recommended for treatment of opiate addiction. It is also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. In this case, there is no information of opiate addiction, or it is being used post detoxification. The request does not meet MTUS criteria for the use of this special opiate medication, and it was appropriately not medically necessary.