

Case Number:	CM15-0174319		
Date Assigned:	09/16/2015	Date of Injury:	09/30/2009
Decision Date:	10/16/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	09/04/2015

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: Emergency 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 55-year-old female, who sustained an industrial injury on September 30, 2009, incurring injuries to her neck, shoulders, left lower and left upper extremities. She was diagnosed with cervical radiculopathy, mononeuritis, spinal enthesopathy and chronic pain syndrome. Treatment included physical therapy, pain medications, and anti-inflammatory drugs, steroid injections to the shoulder, topical analgesic patches, sleep aides, cervical epidural steroid injection, and activity restrictions. She underwent hip surgery in 2010. Currently, the injured worker complained of neck pain, shoulders, left knee, left heel and left elbow pain. She had cervical pain radiating across the shoulders and down into her arms with tingling and numbness in both arms and hands. She noted constant pain, which made it difficult to perform her activities of daily living. She had limited painful range of motion. Her pain was relieved with rest and medications. Her pain was rated 10 out of 10 with and without medications. On April 2, 2015, she underwent a cervical epidural steroid injection, which provided relief for about 2 weeks, and then the pain returned. The treatment plan that was requested for authorization on September 4, 2015, included a prescription for Butrans Patch 5mcg #4, 30 days. On August 7, 2015, a request for a prescription for Butrans Patch 5mcg #4, 30 days was modified to a prescription for Butrans Patch 15mcg #3, for 30 days by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans Patch 15mcg #4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Buprenorphine.

Decision rationale: CA MTUS Chronic Pain Treatment Guidelines, page 27-28, Buprenorphine, note that it is "Recommended for treatment of opiate addiction. Also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction." The injured worker complained of neck pain, shoulders, left knee, left heel and left elbow pain. She had cervical pain radiating across the shoulders and down into her arms with tingling and numbness in both arms and hands. She noted constant pain, which made it difficult to perform her activities of daily living. She had limited painful range of motion. Her pain was relieved with rest and medications. Her pain was rated 10 out of 10 with and without medications. On April 2, 2015, she underwent a cervical epidural steroid injection, which provided relief for about 2 weeks, and then the pain returned. The treating physician has not documented: the presence or history of opiate addiction or detoxification, derived functional improvement from previous use nor measures of opiate surveillance. The criteria noted above not having been met, Butrans Patch 15mcg #4 is not medically necessary.