

Case Number:	CM15-0177313		
Date Assigned:	09/18/2015	Date of Injury:	06/25/2013
Decision Date:	10/20/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	09/09/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 58 year old male who sustained an industrial injury on June 25, 2013. A pain institute follow up note dated August 10, 2015 reported subjective complaint of pain in shoulder was less and he felt "emotionally better," adding "maybe the medicine is working." There is noted discussion regarding his "checking compulsions" and making decisions. Provided documentation showed on August 03, 2015 the following prescribed: Butrans patch 5mcg, Norco and Lexapro. Primary treating follow up dated August 03, 2015 reported subjective complaint of left shoulder pain that radiates into the neck, right shoulder and left hand. He states wearing a sling, application of cold, and utilizing a transcutaneous nerve stimulator unit have helped with the pain. Current medication regimen consisted of: Lidocaine cream; Omeprazole DR, Senna; naproxen Sodium; Butrans patches; Lidopro; Lexapro, and Norco. The following diagnoses were applied to this visit: chronic pain syndrome; pain in joint of shoulder; brachial neuritis or radiculitis not otherwise specified; rotator cuff syndrome of shoulder and allied disorders, and shoulder region disorders not elsewhere classified. Prescriptions written this visit consisted of: Omeprazole, Senna, Naproxen, Butrans, Lidopro, Lexapro, and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans patch 5 mcg/hr patch, Qty 5: 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): Opioids, criteria for use, Opioids, long-term assessment.

Decision rationale: The claimant sustained a work injury in June 2013 and continues to be treated for left shoulder pain. When seen, pain was rated at 6/10. He was having radiating symptoms. Medications are referenced as adequately managing his pain symptoms. Physical examination findings included decreased and painful left shoulder range of motion. Impingement and Cross Arm testing was positive. There was shoulder tenderness and he was wearing a shoulder sling. There was decreased left shoulder strength. Butrans is a sustained release opioid used for treating baseline pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is currently providing decreased pain through documentation of VAS pain scores or specific examples of how this medication is resulting in an increased level of function or improved quality of life. Butrans is not a first line medication. Continued prescribing was not medically necessary. Therefore, the request is not medically necessary.