

Case Number:	CM15-0064271		
Date Assigned:	04/10/2015	Date of Injury:	10/16/2013
Decision Date:	05/12/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/05/2015

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: 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 64 year old male, who sustained an industrial injury on 10/16/13. He reported bilateral knee, right shoulder and left side of torso injury. The injured worker was diagnosed as having pain in shoulder joint, cervicalgia and brachial neuritis/radiculitis. Treatment to date has included oral medications, cervical interlaminar epidural steroid injection, acromioclavicular joint injection, physical therapy and total knee replacement. Currently, the injured worker complains of neck pain. Physical exam noted generalized severe tenderness over the neck and shoulder girdle. The treatment plan consisted of a prescription for Butrans and 6 sessions of acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans 5 mcg/HR #4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com/pro/butrans-patch.html.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 74-94.

Decision rationale: Butrans is indicated for the management of pain severe enough to require daily, around-the-clock, long-term opioid treatment and for which alternative treatment options are inadequate. The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Patient had not been prescribed Butrans before the date of the request for authorization. Patient is taking Percocet and aspirin to control pain. Despite the long-term use of narcotics, the patient has reported very little functional improvement. Butrans 5 mcg/HR #4 is not medically necessary.