

Case Number:	CM15-0099576		
Date Assigned:	06/02/2015	Date of Injury:	11/15/2000
Decision Date:	07/03/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/22/2015

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, California
 Certification(s)/Specialty: Family Practice

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 53-year-old female who sustained an industrial injury on 11/15/00. The injured worker was diagnosed as having strain of rotator cuff capsule, adhesive capsulitis of shoulder and lesion of ulnar nerve and trigger finger (acquired). Currently, on 3/11/15 the injured worker was with complaints of pain in the neck and right shoulder. Physical examination of the cervical spine and right shoulder revealed muscle spasm, limited range of motion, positive Hawkin's and Neer sign. Previous treatments included physical therapy, medication management and activity modification. Physical examination was notable for cervical paraspinal and suprascapular spasm, right hand palm and thenar tenderness. The plan of care was for medication prescriptions. The medication list include Topamax, Butran patch, Cymbalta and Clonidine. The patient's surgical history includes right palmar scar surgery on 1/15/15. Patient has received an unspecified number of PT visits for this injury. A recent urine drug screen report was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans 7.5 MCG/HR Patch Sig: 1 Patch Every 7 Days #4 with 2 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26-27.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines -Opioids, criteria for use: page 76-80Criteria For Use Of Opioids Therapeutic Trial of Opioids Buprenorphine page 26-27.

Decision rationale: Butrans 7.5 MCG/HR Patch Sig: 1 Patch Every 7 Days #4 with 2 Refills. Butrans contains Buprenorphine, which is a partial opioid agonist. According to CA MTUS guidelines cited below Buprenorphine is recommended for, "Treatment of opiate agonist dependence." Any evidence opioid dependence was not specified in the records provided. It is not specified in the records provided whether Butrans patch is prescribed for opioid dependence or for analgesic purpose. According to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs."The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. Whether improvement in pain translated into objective functional improvement including ability to work is not specified in the records provided. MTUS guidelines also recommend urine drug screen to assess for the use or the presence of illegal drugs in patients using opioids for long term. Recent urine drug screen report is not specified in the records provided. With this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. Butrans 7.5 MCG/HR Patch Sig: 1 Patch Every 7 Days #4 with 2 Refills is not medically necessary for this patient.

Butrans 5 MCG/HR Patch Sig:1 Patch Every 7 Days #4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26-27.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines -Opioids, criteria for use: page 76-80Criteria For Use Of OpioidsTherapeutic Trial of Opioids Buprenorphine page 26-27.

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