MAXIMUS Federal Services

Case Number:	CM14-0153505		
Date Assigned:	09/23/2014	Date of Injury:	03/28/2006
Decision Date:	11/06/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/19/2014

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. The expert reviewer is Board Certified in Emergency Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient with reported date of injury on 3/28/2006. Mechanism of injury is described as a shoulder injury while pulling. Patient has a diagnosis of L shoulder pain, post L shoulder surgery on 6/06, 6/07 and 11/13, R shoulder impingement and depression. Medical reports reviewed. Last report available until 7/29/14. Patient complains of R shoulder pain. Pain worsens with any motion. Pain is 8/10. Patient has been on Butrans chronically for at least 1year but there is no documentation by any treating providers as to why the patient is on this medication. Objective exam reveals limited range of motion of shoulder especially abduction and external rotation. Strength is 4/5. Well healed scar. MRI of R shoulder (6/3/14) revealed focal moderate partial thickness recurrent tear of supraspinatus. Degenerative tearing in superior labrum. Urine Drug Screen (7/14/14) was appropriate except for alcohol. Was in physical therapy but had to stop due to reinjury. No medication list was provided for review. From records, patient appears to be on Butrans, Soma, Naproxen and Omeprazole. Independent Medical Review is for Butrans 20mcg/hr #28 (4month duration for weaning). Prior UR on 8/21/14 recommended modification to 3 months duration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans DIS 20 MCG/HR day supply 28, duration four months to permit weaning to discontinue: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine, Opioids Page(s): 26-27, 76,79-81, 89, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Buprenorphine for Chronic Pain

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

Decision rationale: Butrans is Buprenorphine, an agonist-antagonist opioid. As per MTUS Chronic pain guidelines, it is often used to prevent opiate withdrawal but is also used for the management of chronic pain. It has a lower abuse potential compared to other opioids. There is no documentation by the treating provider as to why patient is receiving Butrans anywhere in all the provided records. The documentation fails to provide any reasons that meet criteria to recommend Butrans. The excessive supply of several months' worth of medication and lack of monitoring on a medication with potential serious side effects is not appropriate. It also does not meet the consistent monitoring of opioid recommendation as per Opioid section of MTUS which recommends more consistent visits and exam with treating physician. The prescription of Butrans is not medically necessary.