

Case Number:	CM13-0032979		
Date Assigned:	12/06/2013	Date of Injury:	01/14/2004
Decision Date:	01/17/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	10/08/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in American Board Family Practice and has a subspecialty in American Board Family 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 physician 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:

The 57 yr. old female claimant sustained an injury on 1/14/04 which resulted in back and bilateral knee pain. She had a right knee replacement in 2009 as well as left knee surgery in 2011 and a lumbar facet ablation in July 2013. She has undergone aqua therapy as well as used Norco, Motrin and Lyrica for pain. An exam report on 8/20/13 noted that she ambulated with a cane and has 50% improvement in pain control. She had an unremarkable lumbar exam as well as a knee exam. She was additionally prescribed Butrans patches for sustained pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 Patches of Butrans DIS 5mcg/hr.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine, Low Back Complaints, Knee Complaints. Page(s): 26-2.

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

Decision rationale: Buprenorphine (Butrans) is used for treatment of opioid addiction or for chronic pain after detoxification of opioid use. Its use as a patch has been used due to the advantages of no analgesic ceiling, good safety profile and ability to suppress opioid withdrawal.

In this case there is no mention of opioid addiction or need for opioid detoxification. As a result, the use of Butrans patches is not medically necessary.