

Case Number:	CM13-0043732		
Date Assigned:	12/27/2013	Date of Injury:	04/18/2008
Decision Date:	02/26/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/31/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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:

This is a male patient with a date of injury of 4/18/08. A utilization review determination dated 9/23/13 recommends non-certification of Butrans. A progress report dated 8/14/13 noted that the patient mentioned that he is doing really well on the patch. The provider mentioned that he would increase the Butrans patch to 10 mcgs Q y days and discontinue Norco on that date. A progress report dated 10/11/13 noted that the provider would discontinue the Butrans patch and Norco, although these remained on the medication list through the most recent note from that provider on 12/6/13. The patient was said to complain of an adhesive allergy on that date. A progress report dated 12/6/13 identifies subjective complaints including left knee pain. The patient states that his medications are working well with no side effects reported. The current medications are cyclobenzaprine, Celebrex, Butrans, Norco, Atenolol, and Nexium. The objective examination findings identify a left-sided antalgic gait. The diagnoses include pain in joint - knee; pain in limb; and DJD knee. The treatment plan recommends Celebrex and Subutex with discontinuation of Butrans. No discussion regarding the Butrans is presented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans transdermal to the left knee.: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Section. Page(s): 76-79..

Decision rationale: Regarding the request for Butrans, California MTUS states that Butrans is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. The guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no clear quantified pain relief and specific functional improvement from the use of this medication. In the absence of such documentation, the currently requested Butrans is not medically necessary.