

Case Number:	CM14-0009211		
Date Assigned:	02/14/2014	Date of Injury:	03/16/2011
Decision Date:	06/24/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/23/2014

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 Orthopedic Surgery and is licensed to practice in Mississippi. 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:

The claimant is a 50-year-old female who was injured on March 16, 2011. The most recent clinical document, dated January 14, 2014, indicates that the claimant presents with persistent pain but denies taking medication secondary to side effects. Examination reveals well healed arthroscopic portals, fusion, and tenderness to palpation over the lateral collateral ligament. Examination the left knee reveals tenderness to palpation along the joint line (laterally not indicated), a positive McMurray's test and tenderness to palpation over the medial collateral ligament. Diagnoses include right internal derangement status post arthroscopic repair, left knee sprain, gastropathy, anxiety reaction. A VAS pain scores is not provided nor is there any indication as to which medications the claimant has discontinued taking. Previous documentation from December 16, 2013 also does not address the use of Butrans patches. The utilization review in question was rendered on January 8, 2014. The reviewer noncertified request for one month supply of Butrans patches. The reviewer cited insufficient documentation including assessment of compliance and or diversion and no documentation of significant functional improvement. The peer-to-peer phone call was achieved, and the treating clinician indicates, that since utilizing the Butrans patch, the claimant has not required tramadol, ketoprofen, or medical appointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MONTH SUPPLY OF BUTRANS PATCH 5 MCG (4 PATCHES): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The MTUS recommends buprenorphine (Butrans patches) for the treatment of opiate addiction or as an option for chronic pain specialist or detoxification in individuals of a history of opiate addiction. Based on the clinical documentation provided, the claimant does not appear to meet criteria as outlined by the MTUS and is documented as not tolerating the medication and has, in fact, discontinued it. As such, the request is considered not medically necessary.