

Case Number:	CM14-0138920		
Date Assigned:	09/05/2014	Date of Injury:	12/29/1999
Decision Date:	10/14/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	08/27/2014

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 Anesthesiology, has a subspecialty in Pain 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:

The injured worker is a 55 year old male who had a work related injury on 12/29/99. The injured worker had a traumatic injury at work in a tire store. He was talking to one of his assistants in a garage area of the store when a car which was on an electric hoist had the supports apparently give way, and the car rolled forward hitting him on the right lower extremity in the region of the knee. He sustained a severe open fracture dislocation of the right ankle. He was treated with immediately with surgical intervention by [REDACTED] on 12/29/99. That was the first of many operative interventions. He also injured his right knee in that incident. He underwent a second surgery two days later and underwent ORIF of the right posterolateral tibial plateau fracture. He continued to have persistent pain in his right lower extremity and underwent surgical intervention again in 09/00. At that time he had removal of the screw in his medial malleolus fracture and he also had right joint subtalar joint arthrodesis, ORIF of the right talar fracture non-union. He was then treated with 10 months in a cast and developed non-union at the fusion site which required bone stimulator. 09/01 he underwent another surgery removal of hardware and dead bone in the region of his non-union of subtalar joint and non-union of the tib talar fracture. Because of persistent right knee pain in 02/02 he had knee arthroplasty, chondroplasty of the medial femoral condyle, and cortical biopsy from the lateral intercondylar notch. He then had MRI of his lumbar spine in 05/02 showing right sided disc protrusion at L3-4 L4-5. His back was further evaluated with electrodiagnostic studies in 07/02 that showed mild denervation, L4-5 nerve root on the right. In 09/03 he underwent chondral implantation through arthrotomy with tibial periosteal graft. He had right foot talonavicular and calcaneal cuboid joint arthrodesis with proximal tibial bone graft. He then developed significant clinical depression and was treated by [REDACTED] for that condition. There was no updated clinical documentation submitted for review, prior utilization review on 08/13/14 Butrans patch was modified to initiate weaning

process. In the utilization review note it was noted that the injured worker had stable baseline pain control on Butrans 20mcg/hour for the last year without side effects. He reported pain in the low back on both sides and buttocks and down legs to the feet in L4 distribution. He reported numbness and tingling, there was lumbar facet joint tenderness. There were positive facet maneuvers at bilateral 45 and 51. Straight leg raise was slightly positive bilaterally. Sensory exam was slightly decreased at the anterior thighs gait was antalgic. It was also noted that there was no documentation of functional improvement while on this medication and no VAS scores with and without medication. Current request was for Butrans 20mcg/hour one patch to skin every seven days (quantity unspecified).

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans Patch 20mcg/hr, 1 patch to skin every 7 days (quantity unspecified): Upheld

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

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

Decision rationale: As note on page 26 of the Chronic Pain Medical Treatment Guidelines, Butrans is recommended for treatment of opiate addiction and also as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction Suggested patient populations include those with a hyperalgesic component to pain; centrally mediated pain; neuropathic pain; high-risk of non-adherence with standard opioid maintenance; and for analgesia in patients who have previously been detoxified from other high-dose opioids. There is no indication in the documentation that first-line treatment options were attempted prior to Butrans. Prior utilization review on 08/13/14 Butrans patch was modified to initiate weaning process. Therefore, medical necessity has not been established.