

Case Number:	CM14-0151077		
Date Assigned:	09/19/2014	Date of Injury:	01/14/2011
Decision Date:	10/29/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/17/2014

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 Internal Medicine and is licensed to practice in New York. 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 68-years old female who sustained an industrial injury on 01/14/2011. The mechanism of injury was not provided for review. Her diagnoses are bilateral knee pain s/p right total knee replacement and s/p left knee arthroscopic surgery, and low back pain. She complains of bilateral knee and low back pain. On physical exam there is restricted range of lumbar range of motion with pain, tenderness and tightness in the lumbar spine. There is tenderness to palpation over the lateral and medial joint lines of both knees with a mild left knee effusion and a positive patellar grind test. Motor and sensory exams of the lower extremities were normal. Treatment in addition to surgery has included medical therapy with opiates. The treating provider has requested Butrans Patches 10mcg/hr #4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans Patches 10mcg/hr #4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter Opioids for chronic pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines California MTUS Guidelines 2009, (pdf format) Page(s).

Decision rationale: The documentation indicates the enrollee has been treated with opioid therapy with Butrans patch for pain control. Buprenorphine is a semi-synthetic, mixed agonist-antagonist opioid receptor modulator that is used to treat opioid addiction in higher dosages, to control moderate acute pain in non-opioid-tolerant individuals in lower dosages and to control moderate chronic pain in even smaller doses. Per California MTUS Guidelines, opioids are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain. The treatment of chronic pain with any opioid agent requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. Per the medical documentation there has been no documentation of the medication's pain relief effectiveness and no clear documentation that she has responded to ongoing opioid therapy. There is no documentation provided necessitating an escalation of her present opioid dose. According to the California MTUS Guidelines there has to be certain criteria followed including an ongoing review and documentation of pain relief and functional status. This does not appear to have occurred with this patient. The patient has continued pain despite the use of opioid medications. Medical necessity for the requested treatment has not been established. The requested treatment is not medically necessary.