

<b>Case Number:</b>	CM14-0026958		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	10/11/2011
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	02/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2014

### 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 Physical Medicine and Rehabilitation has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 36 year old male injured on 10/11/11 due to undisclosed mechanism of injury. The injured worker complained of right knee pain improving with home exercise therapy with no further swelling and no increase with current activity. The injured worker described his pain at 1-2/10 with difficulty climbing stairs and kneeling results in discomfort. Urinalysis obtained on 12/20/13 indicated the presence of Tramadol which was appropriate for prescribed medications; however, Buprenorphine was not detected which was inconsistent. Diagnosis included recurrent knee effusion status post arthroscopic meniscectomy on 01/23/13, right knee internal derangement, and right knee chondromalacia. The injured worker utilized transdermal creams and cutting his use of Butrans patch in attempt to wean himself. The injured worker is no longer utilizing Ultracet. The initial request for Butrans patch and urinalysis was initially non-certified on 02/18/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**BUTRANS PATCH:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

**Decision rationale:** As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. In addition, the documentation indicated recent inconsistent urine drug screens which were not addressed in the documentation. Moreover, the dosage, frequency, and number of refills was not provided. As such, the medical necessity of Butrans Patch cannot be established at this time.

**URINALYSIS:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines drug testing is recommended as an option. It is noted that using a urine drug screen to assess for the use or the presence of illegal drugs is an option. Urine drug screens are recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. Patients at "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. Patients at "high risk" of adverse outcomes may require testing as often as once per month. The injured worker was noted to have an inconsistent urine drug screen indicating he is at high risk for diversion of medications. The request for urinalysis is medically necessary.