

Case Number:	CM14-0047626		
Date Assigned:	06/25/2014	Date of Injury:	08/15/2011
Decision Date:	07/28/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	03/31/2014

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 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 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:

According to the records made available for review, this is a 38-year-old male with a 5/15/11 date of injury. At the time (3/4/14) of request for authorization for Butrans patch 10mcg/hr #4, there is documentation of subjective (chronic left knee neuropathic pain) and objective (left knee joint line tenderness with tactile allodynia and some numbness and tingling) findings, current diagnoses (pain in joint, lower leg; and sacrotuberous sprain), and treatment to date (Butrans patch since at least 12/13/13 with 40 to 50% reduction in pain). There is no documentation of opiate addiction; high-risk of non-adherence with standard opioid maintenance; previous detoxification from other high-dose opioid, and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Butrans patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans Patch 10mcg/hr #4: Upheld

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

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

Disability Guidelines (ODG) Chronic Pain Chapter, Buprenorphine for chronic pain.

Decision rationale: MTUS identifies Buprenorphine is recommended for treatment of opiate addiction and as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation of chronic pain in selected patients with a hyperalgesic component to pain; Patients with centrally mediated pain; Patients with neuropathic pain; Patients at high-risk of non-adherence with standard opioid maintenance; and For analgesia in patients who have previously been detoxified from other high-dose opioids, as criteria necessary to support the medical necessity of Butrans patch. Within the medical information available for review, there is documentation of diagnoses of pain in joint, lower leg; and sacrotuberous sprain. In addition, there is documentation of hyperalgesic component to pain and centrally mediated pain. However, there is no documentation of opiate addiction; high-risk of non-adherence with standard opioid maintenance; and previous detoxification from other high-dose opioids. In addition, despite documentation of ongoing treatment with Butrans patches since at least 12/13/13 with 40 to 50% reduction in pain, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Butrans patch. Therefore, based on guidelines and a review of the evidence, the request for Butrans patch 10 mcg/hr #4 is not medically necessary.