

Case Number:	CM14-0069277		
Date Assigned:	07/14/2014	Date of Injury:	07/31/1999
Decision Date:	08/18/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/14/2014

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 43-year-old female with a 7/31/99 date of injury, and right knee manipulation under anesthesia. At the time (4/28/14) of request for authorization for Butrans patch 20 g #4 times 2, there is documentation of subjective (worsening pain in the back that radiates in the right leg; ongoing right knee pain and instability) and objective (right knee with some laxity with valgus maneuver, painful patellar compression, and crepitus with passive flexion to extension; low back limited range of motion, and positive straight leg raise) findings, current diagnoses (lumbar degenerative joint disease, knee cartilage tear), and treatment to date (activity modification, narcotic rehabilitation program, viscosupplementation, and medications (including Butrans patch since at least 10/13)). 4/15/14 medical report identifies that the patient reports 50% functional improvement with medications. In addition, 4/15/14 medical report identifies that the patient has a history of narcotic dependency, has completed a narcotic rehab program, and is under a narcotic contract.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans patch 20 g #4 times 2: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines Buprenorphine, Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain Chapter.

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of opiate addiction or chronic pain (after detoxification in patients who have a history of opiate addiction), as criteria necessary to support the medical necessity of Buprenorphine. 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. Within the medical information available for review, there is documentation of diagnoses of lumbar degenerative joint disease, knee cartilage tear. In addition, there is documentation of chronic pain after detoxification with history of opiate addiction. Furthermore, given documentation of 50% functional improvement with medications, there is documentation of functional benefit or improvement as a result of Butrans use to date. Therefore, based on guidelines and a review of the evidence, the request for Butrans patch 20 g #4 times 2 is medically necessary.