

Case Number:	CM14-0086143		
Date Assigned:	07/23/2014	Date of Injury:	10/11/2011
Decision Date:	08/27/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/09/2014

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 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:

This is a patient with a date of injury of 10/11/11. A utilization review determination dated 5/22/14 recommends non-certification of Butrans, as the patient's right knee pain was only 1-2/10 and prior UDS was inconsistent. 10/24/13 UDS report is noted to be inconsistent as buprenorphine was listed as prescribed, but not detected. 2/7/14 UDS report is noted to be consistent, but buprenorphine was again not detected, as only tramadol was reported as prescribed. 2/7/14 medical report identifies that a UDS report from 12/20/13 was inconsistent, with buprenorphine not detected although it was prescribed. There was no discussion of inconsistent UDS results, although it was noted that the patient is cutting his use of Butrans patch, trying to wean himself off. 4/11/14 medical report identifies 1-2/10 knee pain. The patient is cutting the Butrans patches into three and weaning himself off. On exam, right knee patellar tracking is abnormal and patellar grind maneuver is positive. There is tenderness over the medial and lateral aspects and hamstring. McMurray's test is positive. Varus-valgus stress test is mildly positive. A urine specimen was again drawn. A final prescription was provided for 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 #4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79, 120.

Decision rationale: Regarding the request for Butrans, California Pain Medical Treatment Guidelines state that, due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the Butrans is improving the patient's function or pain (in terms of percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. Additionally, the patient's pain was noted to be only 1-2/10. He had been noted to be weaning himself from the medication, by cutting the patches, which is inappropriate and dangerous according to the labeling information for this medication. Additionally, multiple urine drug screens dating back approximately 6 months prior to the current request were negative for the active ingredient of Butrans (buprenorphine) and no rationale to explain the inconsistencies have been documented (although it is acknowledged that some UDS are unable to detect the small amount of buprenorphine in Butrans). Given all of the above, there is no clear indication for a final prescription for this medication as was recommended by the provider. In the absence of clarity regarding the above issues, the currently requested Butrans is not medically necessary.