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| <b>Case Number:</b>   | CM15-0141778 |                              |            |
| <b>Date Assigned:</b> | 07/31/2015   | <b>Date of Injury:</b>       | 01/19/2004 |
| <b>Decision Date:</b> | 08/28/2015   | <b>UR Denial Date:</b>       | 06/25/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/21/2015 |

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 69 year old male with a January 19, 2004 date of injury. A progress note dated March 6, 2015 documents subjective complaints (right knee pain rated at a level of 6 out of 10), objective findings (tenderness to palpation and spasm of the thoracic and lumbar paraspinal muscles; some tenderness to palpation of the left flank; some crepitus on range of motion and some patellar pathology and obvious intraarticular knee, both medial and lateral aspect of both knees; laxity of the knees bilaterally; McMurray's test is positive for medial and lateral joint line pain and clicking bilaterally; varus stress test reveals grade II injury left; valgus stress test reveals grade II injury left; active patellar grind test, passive patellar grind test, and patellar apprehension test are abnormal bilaterally), and current diagnoses (significant interarticular knee pain, degenerative in origin with substantial subpatellar chondromalacia, valgus and varus laxity of the left knee; anterior laxity modestly so of the bilateral knees; substantial findings for medial and lateral meniscal tear). Treatments to date have included medications, magnetic resonance imaging of the right knee (January 28, 2015; showed progression of tricompartmental osteoarthritic change most notable to the medial tibiofemoral compartment; new tear to the undersurface of the posterior horn of the medial meniscus; anterior cruciate ligament high-grade sprain; loose body along the posterior medial tibial plateau), magnetic resonance imaging of the left knee (January 28, 2015; showed prominent and increasing medial compartment degenerative joint disease; large areas of complete articular cartilage loss over the medial femoral condyle and tibial plateau with diffuse underlying bone edema on both sides of the knee joint; stable absence majority of the body plus the proximal posterior and anterior horn of the medial meniscus; large

anterior knee joint effusion; nondisplaced chondral flap tear that involves the peripheral margin, trochlear groove of the femur laterally; focal edema at the musculotendinous junction of the popliteus; stable linear focus of myxoid degeneration without a tear that involves the anterior horn of the lateral meniscus), and knee surgery. A progress report dated January 9, 2015 states that the patient has substantial benefit with the medication with no evidence of drug abuse or diversion and no aberrant behavior observed. No side effects are noted and a urine drug screen was consistent. The patient has 60% improvement in pain and is on the lowest effective dose. He has attempted to wean the medication with increased pain, suffering, and decreased functional capacity. The risks of opiate pain medication were discussed with the patient at this visit. The treating physician documented a plan of care that included Butrans patches 10 micrograms per hour, one to be applied each week.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Butrans Dis 20mcg/hr 1 patch weekly: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-95, 127.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120 of 127.

**Decision rationale:** Regarding the request for Butrans Dis 20mcg/hr 1 patch weekly, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. 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 indication that the medication is improving the patient's function and pain with no intolerable side effects or aberrant use, and the patient is noted to undergo monitoring. Unfortunately, the current request does not include a quantity or duration of treatment. Guidelines do not support the open-ended application of any pain medication without regular follow-up, and there is no provision to modify the current request. As such, the currently requested Butrans Dis 20mcg/hr 1 patch weekly is not medically necessary.