MAXIMUS Federal Services

Case Number:	CM15-0164107		
Date Assigned:	09/11/2015	Date of Injury:	06/30/1998
Decision Date:	10/13/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	08/20/2015

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, North Carolina
Certification(s)/Specialty: Family Practice

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 56 year old male, who sustained an industrial injury on 6-30-1998. The mechanism of injury was a slip and fall. The injured worker was diagnosed as having chronic pain syndrome, lumbosacral disc degeneration, knee pain and shoulder pain. A recent progress report dated 7-21-2015, reported the injured worker complained of bilateral knee pain, worse on the right and neck pain radiating to the bilateral upper extremities. Pain was rated 6 out of 10 with pain medications and 9 out of 10 without medications. Physical examination revealed antalgic gait, ambulates with a cane, knee brace present, right knee with redness, swelling and warmth and active range of motion was 30 degrees extension and 100 degrees flexion. Treatment to date has included left knee arthroscopy in 2010, left total knee replacement on 1-27-2015, bilateral knee Synvisc injections, physical therapy, TENS (transcutaneous electrical nerve stimulation) and medication management. The injured worker had been taking Butrans since at least 1-12-2015. The physician is requesting Butrans DIS 5 mcg per hour-# 4 for 30 days.On 7-21-2015, the Utilization Review modified Butrans DIS 5 mcg per hour-# 4 for 30 days to allow for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans DIS 5mcg/hr Qty: 4 for 30 days: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Butrans.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: The request is for Butrans DIS 5 mcg/hour for chronic pain. Butrans DIS is supplied in a transdermal patch and contains Buprenorphine, an opioid for pain relief. Long-term opioids are not recommended unless they allow the patient to return to work or there is significant pain relief and functional improvement. In this case, the patient has reported some pain relief with Butrans, although the pain VAS scores have changed little with use. A urine drug screen was positive for alcohol while the patient was taking prescription medications. The patient is taking a combination of Butrans, codeine, high-dose Zolpidem, as well as alcohol in an unknown quantity. This combination carries a significant risk of adverse events. Therefore, the continuation of Butrans is not medically necessary or appropriate.