

Case Number:	CM15-0198095		
Date Assigned:	10/13/2015	Date of Injury:	11/23/2013
Decision Date:	11/23/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/08/2015

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: Ohio, West Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

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 51 year old female, who sustained an industrial injury on 11-23-13. Current diagnoses or physician impression includes left knee meniscus tear, left knee ACL degeneration, left knee synovitis, left knee effusion, patellar subluxation, popliteal cyst, chronic pain syndrome, left knee pain, left knee strain, myalgia, low back pain and myofascial pain. Her work status is full duty. Notes dated 5-29-15 - 9-18-15 reveals the injured worker presented with complaints of left knee pain that radiates to her left calf accompanied by aching and tingling. Her knee pain is described as stabbing and burning. The pain is worsened by bending and lifting and relieved by medications, laying down and sitting. She also reports low back pain described as stabbing and burning. Physical examinations dated 5-29-15 - 9-18-15 revealed diffuse left knee joint line tenderness, mild swelling, positive McMurray's sign and pain noted with the Anterior-Posterior drawer test, Varus-Valgus test and Lachman's test. Treatment to date has included ice, which helps relieve pain per note dated 9-18-15, medications; Norco (is discontinued due to stomach upset), Omeprazole and Flector patches (were helpful at providing pain relief for approximately 4 hours at a time) and reduces her pain from 8 out of 10 to 5 out of 10 per note dated 9-18-15, home exercise program, physical therapy and a TENS unit. Diagnostic studies to date have included left knee MRI (2014) revealed "tricompartamental osteoarthritis, denudation and macerated lateral meniscus tear, moderate joint effusion with prominent synovitis, popliteal cyst, mild lateral patellar subluxation and cystic degeneration of the anterior cruciate ligament", per physician note dated 9-18-15. A lumbar spine MRI (6-19-15) reveals "mild degenerative disc space narrowing and anterolisthesis with moderate bilateral facet arthrosis hypertrophy create a mild to moderate degree of central canal narrowing and minimal bilateral neural foraminal narrowing", per physician note dated 9-4-15. A request for authorization dated 9-8-15 for Butrans patches 10 mcg per hour #4 is non-certified, per Utilization Review letter dated 9-30-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans patches 10mcg/hr #4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Buprenorphine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Buprenorphine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Butrans.

Decision rationale: ODG states "Buprenorphine transdermal system (Butrans; no generics): FDA-approved for moderate to severe chronic pain. Available as transdermal patches at 5mcg/hr, 10mcg/hr and 20mcg/hr." The ODG states that Buprenorphine is "recommended as an option for treatment of chronic pain (consensus based) in selected patients (not first-line for all patients). Suggested populations: (1) Patients with a hyperalgesic component to pain; (2) Patients with centrally mediated pain; (3) Patients with neuropathic pain; (4) Patients at high-risk of non-adherence with standard opioid maintenance; (5) For analgesia in patients who have previously been detoxified from other high-dose opioids. Use for pain with formulations other than Butrans is off-label. Due to complexity of induction and treatment the drug should be reserved for use by clinicians with experience." The employee is using this medication for chronic pain. However, there is no medical documentation of any of the five conditions listed above which are the specific indications for using Buprenorphine instead of one of the first line agents. The available medical record notes only oral intolerance to previously used oral opioids. The record provides no indication of trial with other oral opioids, other transdermal opioids or non-opiate medications. Therefore, the request for Butrans patches 10mcg/hr #4 is deemed not medically necessary.