

Case Number:	CM15-0204039		
Date Assigned:	10/20/2015	Date of Injury:	03/14/2001
Decision Date:	12/03/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/16/2015

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 47 year old male, who sustained an industrial injury on 3-14-2001. The injured worker is undergoing treatment for left knee internal derangement with meniscal tear, bilateral lower extremity deep vein thrombosis (DVT) and chronic pain syndrome. Medical records dated 9-14-2015 indicate the injured worker complains of worsening chronic intractable bilateral lower extremity pain. He reports he has been out of medication for 2 weeks. The treating physician indicates, "he appears to be very distressed due to his recent severe pain and lack of authorization for his usual pain medication." Pain is rated 10 out of 10 without medication and 4-5 out of 10 with medication. Physical exam dated 9-14-2015 notes left knee swelling and tenderness to palpation and decreased range of motion (ROM) and left leg and foot swelling and discoloration Treatment to date has included compression stocking, Coumadin, Baclofen, Butrans patch, Celebrex, Norco and Naprosyn. The original utilization review dated 9-18-2015 indicates the request for Butrans patch #4 is modified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans patch #4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic).

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

Decision rationale: CA MTUS/Chronic Pain Medical Treatment Guidelines, pages 26-27 recommends use of Buprenorphine as an option in the treatment of opiate addiction. Also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. A schedule-III controlled substance, buprenorphine is a partial agonist at the mu-receptor (the classic morphine receptor) and an antagonist at the kappa receptor (the receptor that is thought to produce alterations in the perception of pain, including emotional response). In this case, there is lack of evidence in the records of 9/14/15 of opiate addiction to warrant the use of a Butrans patch. Therefore, the request is not medically necessary.