MAXIMUS Federal Services

Case Number:	CM15-0035215		
Date Assigned:	03/03/2015	Date of Injury:	05/03/2011
Decision Date:	04/09/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	02/24/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 26 year old male, who sustained an industrial injury on 05/03/2011. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. Diagnoses include probable right knee meniscus tear, cervical six to seven degenerative disc protrusion with right cervical seven radiculopathy, and atypical complex regional pain syndrome. Treatment to date has included medication regimen, use of a gym, physical therapy, laboratory studies, and home exercise program. In a progress note dated 02/06/2015 the treating provider reports neck and thoracic pain that was rated a six out of ten, mid back pain that was rated as an eight out of ten, and instability of the right knee that was noted to buckle frequently. The treating physician requested Butrans Patch noting that the injured worker has good relief with prior use of this patch. On 02/13/2015 Utilization Review non-certified the requested treatment Butrans Patch, noting the California Medical Treatment Utilization Schedule 2009, Chronic Pain Medical Treatment Guidelines: Topical Analgesics, page 111 and Buprenorphine, pages 26 to 27.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans patch: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 26-27, 111.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Butrans.

Decision rationale: Pursuant to the Official Disability Guidelines, Butrans patch 15mcg #4 is not medically necessary. Butrans is recommended as an option for treatment of chronic pain in selected patients (not a first-line drug). Suggested populations are patients with hyperalgesia component to pain; patients with centrally mediated pain; patients with neuropathic pain; patients at high risk of nonadherence with standard opiate maintenance; and for analgesia in patients who have previously been detoxified from other high-dose opiates. In this case, the injured worker's working diagnoses are probable right medial meniscal tear; C6 -C7 1 mm degenerative disc protrusion causing right C7 radiculopathy; and atypical complex regional pain syndrome. The date of injury is May 3, 2011. The request for authorization is February 6, 2015. On November 11, 2014, the treating physician started a trial of Butrans. A Butrans trial was started to "decrease the dose of Norco and Soma." Butrans is indicated in selected patients with hyperalgesia, patients at high risk of nonadherence standard opiate maintenance and for analgesia in patients who have been previously detoxified. Butrans is not a first line drug for all patients. Butrans is not clinically indicated to reduce or taper the dose of other opiates and muscle relaxants. Additionally, a subsequent progress note dated February 6, 2015 states the injured worker has good relief with Butrans. The treating physician (a general practitioner) then increased the dose of Butrans while continuing the same doses of Norco, Soma and Dilaudid. Consequently, absent compelling clinical documentation with objective functional improvement to support the ongoing use of Butrans, Butrans patch 15mcg #4 is not medically necessary.