

Case Number:	CM15-0051417		
Date Assigned:	03/24/2015	Date of Injury:	01/19/2004
Decision Date:	05/01/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	03/18/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 68-year-old male who sustained an industrial injury on 01/19/2004. Diagnoses include degenerative joint disease right and left knees, medial meniscal tear right knee and medial meniscal tear left knee. Treatment to date has included diagnostics, medications, knee brace, intra articular knee injections, home exercise program, and medications. A physician progress note dated 01/09/2015 documents the injured worker has pain in both knees, left greater than right. Pain has been increasing and functional capacity is decreased. Pain is rated a 6 out of 10. He has also had an episode of buckling. Sleep is poor due to increased pain. Pain has increased with the decrease in Cymbalta. Treatment plan is for medication for one month and he is to continue with his home exercise program use of fitted knee brace and that he return to the Cymbalta 30 at hour of sleep and then up to 60 at hour of sleep. Treatment requested is for Butrans dis 20mcg/hr., days' supply 28, Qty 4, MED 120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans dis 20mcg/hr, days' supply 28, Qty 4, MED120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 78-79.

Decision rationale: According to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. According to MTUS guidelines, Butrans is recommended to treat opiate addiction. There is no clear documentation of patient improvement in level of function, quality of life, adequate follow up or absence of side effects and aberrant behavior with previous use of opioids. The patient continued to have significant pain with Butrans. There is no justification to use multiple opioids. There is no recent documentation of recent opioid addiction. Therefore, the request for Butrans dis 20mcg/hr is not medically necessary.