MAXIMUS Federal Services

Case Number:	CM15-0051805		
Date Assigned:	03/25/2015	Date of Injury:	02/19/2009
Decision Date:	05/01/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/19/2015

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: North Carolina, Georgia
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 32-year-old female, who sustained an industrial injury on 2/19/09. She reported left knee pain. The injured worker was diagnosed as having low back pain, left knee pain, and left leg numbness and tingling. Treatment to date has included medications. The injured worker stated she underwent 2 left knee surgeries in April 2009 and in 2011 without improvement in pain. A left knee MR arthrogram performed on 1/6/14 was noted to have revealed a linear area of contrast material extending in between the two bundles of the distal anterior cruciate ligament with differential diagnosis included post-surgical change versus a small partial ACL tear. Currently, the injured worker complains of right lower extremity pain and left knee pain. The treating physician requested authorization for Butrans 5mcg/hr patch #4 and Naproxen 500mg #30. The treating physician noted the injured worker was managing her pain with Norco prescribed to her by a gynecologist on 1/20/15 after surgery. Butrans was recommended for around the clock left knee pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans 5 MCG/HR Patch #4: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 74-89.

Decision rationale: CA MTUS allows for the use of opioid medication, such as Butrans, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The medical record in this case indicates that Butrans is requested to reduce reliance on multiple daily doses of opioid medication. It does address the efficacy of concomitant medication therapy. It addresses the issues of opioid safety and compliance and UDS has been performed. Therefore, the record does support the medical necessity of a prospective trial of Butrans for pain control, and therefore the requested treatment is medically necessary.

Naproxen 500 MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 67-68.

Decision rationale: CA MTUS guideline are clear that NSAIDs should be used at the lowest possible dose for the shortest period possible. There is specific caution that NSAIDS have been shown to slow healing in all soft tissue including muscle, ligaments, tendons and cartilage. The request for Naprosyn 500 mg #60 does not meet the criteria of providing lowest dose of NSAID for the shortest time possible as this dose is the maximum dose allowable. There is no documentation of response to this dose or of any trials of lower doses of Naprosyn. Naprosyn 500 mg #30 is not medically necessary.