

Case Number:	CM15-0053669		
Date Assigned:	03/27/2015	Date of Injury:	05/25/2013
Decision Date:	05/04/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	03/20/2015

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, New York

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 60-year-old male, who sustained an industrial injury on 05/25/2013. Initial complaints/symptoms reported included right ankle pain. The injured worker was diagnosed as having bimalleolar fracture. The initial diagnoses were not found in the medical records submitted. Treatment to date has included conservative care, medications, x-rays and MRIs of the lumbar spine and right lower extremity, right ankle surgery, physical therapy, acupuncture, and functional restoration program. Currently, the injured worker complains of right ankle, right knee, right arm and low back pain. Diagnoses include long-term use of medications, fracture of bimalleolar (closed), and chronic pain syndrome. The treatment plan consisted of continued medications (including Butrans patches) and follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans patch 5 mcg #4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 26-27, 18.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine, Opioids Page(s): pp26-27, 74-96.

Decision rationale: The request for Butrans is medically unnecessary. According to the MTUS guidelines, buprenorphine is FDA approved to treat opiate addiction. It can be used as an option for chronic pain after detoxification in patients who have a history of opiate addiction. There is no documentation of opiate addiction or aberrant behavior. The patient had an inconsistent UDS but because he uses it as needed. The continued use of opiates requires ongoing review and documentation of pain relief, functional status, and appropriate medication use. There is no drug plan with documentation of future goals and a plan for weaning off opiates. There was no documented objective functional improvement. Because of these reasons, the medication is not medically necessary.