

Case Number:	CM15-0089444		
Date Assigned:	05/13/2015	Date of Injury:	01/13/2010
Decision Date:	06/15/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	05/11/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 24 year old male, who sustained an industrial injury on 1/13/10. He reported a left knee injury. The injured worker was diagnosed as having lumbar disc disease, tenosynovitis, sacroiliitis, thoracalgia, post-traumatic, probable post traumatic insomnia probable gastritis from meds. Treatment to date has included oral medications including Norco, Tramadol, Tizanidine, Atarax, Gabapentin, Omeprazole, and Meloxicam, chiropractic treatments, physical therapy, acupuncture and topical Butrans patch. Currently, the injured worker complains of left knee pain rated 6/10 mostly during the night and after moderate physical activities, bilateral lower back pain rated 7/10 with radiation to right and left buttock, left and right calf, right and left foot, right and left hip, right and left toes and right upper back; mid back pain rated 7/10; upper back pain rated 8/10 with stiffness and tightness; he also complains of depression, insomnia and gastritis. The injured worker is currently working. The injured worker noted adequate pain management with Butrans patch. Physical exam noted medial joint line tenderness of left knee and lumbar pain with radiation during straight leg raise. The treatment plan included continuation of Butrans patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans DIS 10Mcg/hr #4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 24 year old male has complained of left knee pain and low back pain since date of injury 1/13/10. He has been treated with chiropractic therapy, physical therapy, acupuncture and medications to include opioids since at least 02/2015. The current request is for Butrans DIS. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Butrans is not medically necessary.