

<b>Case Number:</b>	CM14-0115046		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	11/07/2007
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	07/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of November 7, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; and opioid therapy. In a Utilization Review Report dated July 8, 2014, the claims administrator partially certified a request for Butrans, apparently for weaning or tapering purposes. The applicant's attorney subsequently appealed. On December 23, 2013, it was acknowledged that the applicant had reported multifocal wrist, hand, knee, and low back pain reportedly associated with cumulative trauma at work. The applicant was described as off of work, on total temporary disability. The applicant had evidence of left and right knee arthritis, it was noted. The applicant's medication list was not furnished at this point in time. In a progress note dated July 1, 2014, it was reiterated that the applicant was not working. The applicant was using an unspecified analgesic patch on the grounds that previous use of Norco had generated constipation. The applicant apparently had a variety of dietary issues. The applicant was described as having advanced bilateral knee arthritis. The applicant was asked to continue using knee sleeves. The applicant's complete medication was not attached. In a handwritten note dated August 4, 2014, the attending provider posited that Butrans patches have been selected on the grounds that Butran help to decrease complaints of constipation with other opioid agents. Butran was therefore renewed. The note was very difficult to follow, handwritten, and not entirely legible. It appears that Butran was earlier endorsed on March 24, 2014. At that point, the applicant was again described as having persistent complaints of low back, bilateral hip, and bilateral knee pain. The applicant was given FluriFlex ointment in addition to Butran, and asked to lose weight.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Topical Butrans 10 mcg, Quantity 8, Refills: 3:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine topic, Page(s): 26,80.

**Decision rationale:** While page 26 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that buprenorphine or Butrans is recommended in the treatment of opioid induction and can also be employed in the treatment of chronic pain in applicants who have previously detoxified after other opioids, in this case, however there is no evidence that the applicant is intent on using Butrans for opioid addiction purposes, nor is there evidence that the applicant has a history of opioid addiction. No compelling rationale for selection and/or ongoing usage of Butrans has been furnished by the attending provider. It is further noted that the applicant seemingly failed to meet criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. Specifically, the applicant has failed to return to work. The applicant is off of work, on total temporary disability. The attending provider's hand written progress notes did not outline any quantifiable decrements in pain or material improvements in function achieved as a result of ongoing Butrans usage. Therefore, the request is not medically necessary.