

<b>Case Number:</b>	CM14-0131537		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	01/14/2011
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	08/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2014

### 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:

Patient is a 68 year-old female with date of injury 01/14/2014. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 07/15/2014, lists subjective complaints as bilateral knee pain and bilateral lower extremity pain. Objective findings: Right knee: Range of motion was within normal limits. Tenderness to palpation was noted over the lateral joint line and medial joint line. Right knee was stable to valgus stress in extension and at 30 degrees. Negative anterior drawer, 1A Lachman test and negative pivot shift test. No joint effusion was noted. Patellar grind test was positive. Left knee: swelling was noted. Range of motion was restricted with flexion limited to 120 degrees limited by pain and extension limited to -0 degrees less than full extension. Crepitus was noted with active movement. Tenderness to palpation was noted over the medial joint line and patella. Left knee was stable to valgus stress in extension and at 30 degrees. Negative anterior drawer, 1A Lachman test and negative pivot shift test. Mild effusion was noted in the left knee joint. Patellar grind test was positive. On sensory examination, light touch sensation was normal. Diagnosis: 1. Knee pain 2. Pain in joint and lower leg. The medical records provided for review document that the patient has been taking the following medication at least as far back as three months. Medications: 1. Butrans 5mcg/hr Patch SIG: one patch to skin Q 7 days.

### 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:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines (7/18/09); regarding Bu. Decision based on Non-MTUS Citation ODG Treatment in Workers' comp, 12th edition, Pain (updated 07/10/14; regarding Buprenorphine for chronic pain

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-94.

**Decision rationale:** Butrans is indicated for the management of pain severe enough to require daily, around-the-clock, long-term opioid treatment and for which alternative treatment options are inadequate. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off of narcotic. The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of narcotics, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 3 months. Therefore the request is not medically necessary.