

Case Number:	CM14-0142244		
Date Assigned:	09/10/2014	Date of Injury:	11/07/2007
Decision Date:	10/10/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	09/02/2014

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 Physical Medicine and Rehabilitation 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 injured worker is a 65-year-old female who reported an injury on 11/07/2007. The mechanism of injury was not provided. On 06/26/2014, the injured worker presented for a followup in a joint replacement. Much of the note is handwritten and largely illegible. The diagnoses were bilateral knee arthritis and hip arthritis. There was right greater than left joint tenderness. The provider recommended topical Butrans patches; the provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

TOPICAL BUTRANS PATCHES 10MCG; ONE PATCH PER WEEK QUANTITY : 8 REFILLS: 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-83.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BUPRENORPHINE Page(s): 27.

Decision rationale: The request for Topical Butrans Patches 10MCG; One Patch Per Week Quantity : 8 REFILLS: 2 is not medically necessary. The California MTUS recommend Butrans

for opioid addiction treatment. It is also recommended as an option for chronic pain especially after detoxification of injured workers who have a history of opioid addiction. There was lack of documentation that the injured worker is recommended for treatment of opioid addiction. The efficacy of the prior use of the medication was not provided. As such, medical necessity has not been established.