

Case Number:	CM14-0160203		
Date Assigned:	10/03/2014	Date of Injury:	10/12/2010
Decision Date:	10/31/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/30/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

This is a 65 year-old female with a 10/12/10 date of injury. The patient was seen on 8/11/4 with complaints of left knee pain. The patient was noted to be on Norco daily for pain control. Exam findings revealed tenderness and swelling over the knees bilaterally, crepitus over the right knee and limited range of motion bilaterally. A Butrans patch once a week was prescribed as well as the patient was to continue her Norco. The diagnosis is arthropathy and right knee degenerative disc disease. Treatment to date: medications, left knee replacement. An adverse determination was received on 9/6/14 given there was no rationale provided for use of this medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans patch 10mcg/hr. #4 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation ODG, Pain chapter, Buprenorphine for chronic pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26-27. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Butrans).

Decision rationale: The FDA states that Butrans is indicated for the management of moderate to severe chronic pain in patients requiring a continuous, around-the-clock opioid analgesic for an extended period; with a black box warning identifying that buprenorphine patches are linked to a risk for misuse, abuse, and diversion, particularly in patients with a history of substance abuse or mental illness. This patient is on Norco daily for her bilateral knee pain. Butrans is a medication which binds to peripheral opiate receptors, and when used in conjunction with another opiate can actually induce a withdrawal state. Butrans is not meant for use in conjunction with other opiates as they compete for the same opiate receptors. Hence, the rationale for use of both Norco and a Butrans patch in this patient is unclear. In addition, the patient uses Norco daily for pain control, and there is a lack of documentation that this medication has not been adequate for pain control. Therefore, the request for Butrans patches 10mcg/hr. #4 with 2 refills is not medically necessary and appropriate.