

Case Number:	CM14-0162421		
Date Assigned:	10/07/2014	Date of Injury:	05/08/2007
Decision Date:	10/31/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	10/02/2014

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 Family Medicine and is licensed to practice in New Jersey and New York. 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 64 year-old female who injured her left knee on 5/8/07. She was diagnosed with left knee sprain. She had left knee arthroscopy surgery in 12/2007 and 1/2012. She was also diagnosed with anxiety and depression, left ankle injury and cervical pain radiating to upper extremities. One exam, she had cervical tenderness with decreased range of motion. She was treated with Butrans patches and Percocet, anti-inflammatories, muscle relaxants, and tramadol. This limited chart lacks diagnostic test results, mechanism of injury. Most of the handwritten notes are illegible.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans 15 mcg/hr #6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26-27.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26-27.

Decision rationale: The request for Butrans is medically unnecessary. According to the MTUS guidelines, Buprenorphine is FDA approved to treat opiate addiction. It can be used as an option for chronic pain after detoxification in patients who have a history of opiate addiction. There

was no history of detox from opiate use. The continued use of opiates requires ongoing review and documentation of pain relief, functional status, and appropriate medication use. Opiates can contribute to sedation significantly. Butrans is used for moderate-severe chronic pain, not for breakthrough pain. The patient is also on Percocet for breakthrough pain although there is no clear documentation if current medication regimen is relieving pain. There is no drug plan with documentation of future goals and a plan for weaning off opiates. There are no urine drugs screens in the chart. The 4 A's of opioid management have not been met. Because of these reasons, the medication is not medically necessary.