

Case Number:	CM14-0165678		
Date Assigned:	10/10/2014	Date of Injury:	12/02/2011
Decision Date:	12/18/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/08/2014

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 Emergency Medicine and is licensed to practice in Texas. 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 49-year-old female who reported an injury on 12/02/2011. The mechanism of injury was a fall. Her diagnoses include lumbar radiculitis, left knee pain, gastritis, medication related dyspepsia, vitamin D deficiency, and status post left knee arthroscopy with severe residuals. Her past treatment includes physical therapy, bracing, activity modification, and medications including opioids and antiepileptics. The diagnostic studies include an EMG/NCS of the left lower extremity on 07/25/2014 and MRI of the left knee on 02/27/2014. A lumbar spine MRI was performed on 10/02/2012 which revealed L4-5 retrolisthesis with a central protrusion with minimal extrusion through a tear of the inferior annular fibers without central or foraminal stenosis, and L3-4 minute central annular fissure. Her surgical history includes a left knee arthroscopy on 06/25/2012. On 09/12/2014, the patient presented with low back pain that is aggravated by activity and walking, as well as pain in her lower left extremity, left hip, and left knee. She rated her pain 6/10 with medications and 9/10 without medications. The objective findings revealed the patient utilized crutches to ambulate, decreased range of motion in the lumbar spine, and decreased motor strength. She also had absent Achilles and patellar reflexes on the left side, she was able to heel walk bilaterally, and there was no gross abnormalities of the lumbar spine. There was tenderness to palpation of the left knee as well as decreased range of motion, decreased motor strength of the extensor muscles along the L3-4 dermatome, and she was noted to be wearing a left knee brace. Current medications were noted to include Butrans 5 mcg/hour patch. The treatment plan was noted to include prescription refills and a prescription for Butrans patch 5 mcg/hour applied once every 7 days. A request was received for a Butrans 5 mcg/hour patch, quantity of 4 for a total of a 28 day supply for the treatment of chronic pain. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans DIS 5mcg/hr; days supply: 28; quantity: 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine, Opioids, criteria for use Page(s): 26-27;78.

Decision rationale: The California MTUS Guidelines recommend Buprenorphine for treatment of opiate addiction and as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. Additionally, the guidelines recommend documented monitoring for ongoing use of opioids should include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The documentation indicates she was previously using a Butrans patch, and she showed no signs of aberrant drug-taking behaviors, which was corroborated with a urine drug screen completed on 08/15/2014, and there was a discussion of aberrant drug-taking behaviors. However, there was insufficient documentation to show objective pain relief and objective function improvement. Moreover, there was insufficient documentation to show a history of opiate addiction. Therefore, in the absence of this documentation, the request is not supported by the evidence-based guidelines. As such, the request for Butrans dis 5mcg/hr; days supply: 28; quantity: 4 is not medically necessary.