

Case Number:	CM14-0214716		
Date Assigned:	01/07/2015	Date of Injury:	10/13/2012
Decision Date:	02/28/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 patient is a 39 year old male with date of injury 10/13/12. The treating physician report dated 10/09/14 (Part D pg 28) indicates that the patient presents with pain affecting his low back and right knee. The physical examination findings reveal that that lumbar spine is tender to palpation. Reports sciatica with AROM. Right Knee tender to palpation with decreased AROM due to pain. The patient has undergone two knee surgeries previously. The patient currently is prescribed Dilaudid, Fentanyl, MS Contin, and Gabapentin. The current diagnoses are: 1. Lumbago. 2. Abnormality of Gait. 3. OA Knee. 4. Lumbar Degenerative Disc Disease. 5. Lumbar Facet Hypertrophy. The utilization review report dated 12/15/14 denied the request for Butrans Patches based on the lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Burtrans Patches: Upheld

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

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

Decision rationale: The patient presents with low back and right knee pain. The current request is for Butrans Patches. There were no physician reports provided discussing the medical necessity of Butrans patches. The MTUS guidelines for Buprenorphine state, "Recommended for treatment of opiate addiction. Also recommended as an option for chronic pain." MTUS for opiates requires documentation of the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). In this case, the medical records fail to provide information regarding the 4 A's. The MTUS guidelines for continued opiate usage requires specific documentation to provide insight that the medication is helping with pain and function. Recommendation is for denial and slow weaning per MTUS.