

Case Number:	CM15-0100879		
Date Assigned:	06/03/2015	Date of Injury:	01/01/2008
Decision Date:	07/09/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/26/2015

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

Certification(s)/Specialty: Emergency Medicine

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 66-year-old female, who sustained an industrial injury on 1/01/2008. Diagnoses include tricompartmental osteoarthritis left knee status post left total knee replacement 7/18/2014. Treatment to date has included surgical intervention, physical therapy, medications and activity modification. Per the handwritten Secondary Treating Physician's Progress Report dated 3/30/2015, the injured worker reported still having some pain and sensitivity to the medial left knee with some weakness. Physical examination revealed mild tenderness to palpation of the medial left knee and positive weakness of the left quadriceps. The plan of care included physical therapy, bracing and home exercise. Authorization was requested for Butrans patch 10mcg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans 10mcg #4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 27-28.

Decision rationale: The requested Butrans 10mcg #4 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, page 27-28, Buprenorphine, note that it is "Recommended for treatment of opiate addiction. Also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction." The injured worker has medial left knee with some weakness. Physical examination revealed mild tenderness to palpation of the medial left knee and positive weakness of the left quadriceps. The treating physician has not documented: the presence or history of opiate addiction or detoxification, derived functional improvement from previous use nor measures of opiate surveillance. The criteria noted above not having been met, Butrans 10mcg #4 is not medically necessary.