

Case Number:	CM15-0126650		
Date Assigned:	07/13/2015	Date of Injury:	10/21/2006
Decision Date:	09/15/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/01/2015

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: New York

Certification(s)/Specialty: Pediatrics, Internal 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 67 year old female injured worker suffered an industrial injury on 10/21/2006. The diagnoses included advanced degenerative joint disease of the bilateral knees. The injured worker had been treated with left total knee replacement, post-operative physical therapy and medications. On 6/18/2015, the physical therapy evaluation reported the injured worker had a left total knee replacement on 5/29/2015. On exam there was pain upon movement was 3 to 5/10 with moderate joint effusion, had difficulty with transfers and severe activity limitation. He was only able to walk less than 100 yards and cannot use the stairs. On 6/10/2015, the treating orthopedist plan for analgesia was Tramadol, Ibuprofen and Tylenol with Codeine. On 6/17/2015, the pain management provider reported on exam there was impaired gait and used a cane. The injured worker rated the pain 7/10. The provider reported she had trials of multiple pain medications post-operatively with severe nausea/vomiting and headache. He prescribed Butrans patch for pain control. The injured worker had not returned to work. The treatment plan included Butrans 7.5/HR QTY: 4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans 7.5/HR QTY: 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine (Butrans patch), Opioids Page(s): 26, 27, 74-96.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines for Buprenorphine (Butrans patch) is recommended for treatment of opiate addiction. It was also recommended as an option for chronic pain especially after detoxification in patient who has a history of opiate addiction. The documentation provided indicated there was continued post-operative pain from the left total knee replacement with intolerance to Norco due to side effects. The Tramadol that was prescribed instead was not evaluated by the pain management provider for efficacy, functional improvement or side effects. A comprehensive pain assessment and evaluation including efficacy, side effect profile, aberrant risk assessment and functional assessment was not included in the medical record. There was no evidence of opioid addiction or dependence. Therefore, Butrans was not medically necessary.