

Case Number:	CM15-0176081		
Date Assigned:	09/17/2015	Date of Injury:	10/07/2013
Decision Date:	10/19/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	09/08/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 60 year old male, who sustained an industrial injury on 10-7-13. The documentation on 7-17-15 noted that the injured worker has complaints of significant discomfort and had an episode of acute flare-up of hip pain while coming down the stairs of his chalet and remains non-weight-bearing. Objective findings noted that the injured workers gait is crutch assisted and he has persistent left groin tenderness. Ultrasound examinations of the left hip-piriformis region revealed left femoroacetabular degenerative joint disease and labral tear and there is left gluteus medians tendinosis and a normal right hip. Electrodiagnostic study of the lower extremity is negative for radiculopathy or sciatic entrapment. The diagnoses have included left hip labral tear; left gluteus medius-minimus tendinitis; rule out left lower extremity radiculopathy and atrophy with weakness. Treatment to date has included left hip arthroscopy for labral tear in late June 2015; physical therapy; Butrans patch and Tramadol. The original utilization review (8-7-15) non-certified the request for Butrans patch 20mcg #5 with five refills. Several documents within the submitted medical records are difficult to decipher.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans Patch 20mcg #5 with five refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Buprenorphine. Decision based on Non-MTUS Citation (1) Pain (Chronic), Buprenorphine for chronic pain (2) ODG Workers Compensation Drug Formulary.

Decision rationale: The claimant sustained a work injury in October 2013 while working as a mechanic and continues to be treated for left hip pain. The claimant has a history of alcohol use with no history of drug abuse. He underwent left hip arthroscopic surgery for a labral tear in June 2015. When seen, he was non-weightbearing. He had started physical therapy. He was having significant hip discomfort. Physical examination findings included left groin tenderness and he was using a crutch. Tramadol and Butrans were refilled. Butrans (Buprenorphine) is recommended as an option for treatment of chronic pain in select patients such as a patient at high risk of non-adherence with standard opioid maintenance or for analgesia in a patient who has previously been detoxified from other high dose opioids. In this case, there is no history of detoxification from high dose opioids or identified high risk of non adherence. Butrans is not a first line medication and there is no evidence of a failure of other sustained release opioids. The request is not considered medically necessary.