

<b>Case Number:</b>	CM15-0067076		
<b>Date Assigned:</b>	04/14/2015	<b>Date of Injury:</b>	09/15/1997
<b>Decision Date:</b>	05/13/2015	<b>UR Denial Date:</b>	03/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/08/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 was a 58 year old male, who sustained an industrial injury, September 15, 1997. The injured worker received the following treatments in the past Butrans, Gabapentin, Xanax and random toxicology laboratory studies. The injured worker was diagnosed with left knee meniscus injury, 4 left arthroscopic surgeries, and right knee meniscus injury 3 arthroscopic surgeries and left knee degenerative joint disease. According to progress note of January 19, 2015, the injured workers chief complaint was worsening right knee pain. The pain was throughout the right knee with radiation up to the distal thigh and medial knee. The injured worker described the knee pain as constant worse on the right than the left. The pain was rated 10 out of 10 without pain medication and 6-7 out of 10 with pain medication. The physical exam noted the injured worker was able to transfer with guarding and stiffness to standing. The injured worker ambulated with an antalgic gait due to knee pain. There was decreased range of motion to the bilateral knee, greater on the right than the left with positive popping. The treatment plan included a prescription for Butrans Dis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Butrans DIS 20 mcg/hr day supply: 27 qty: 4 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use of opioids Page(s): 76-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

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

**Decision rationale:** Buprenorphine (Butrans) is used for treatment of opioid addiction or for chronic pain after detoxification of opioid use. Its use as a patch has been used due to the advantages of no analgesic ceiling, good safety profile and ability to suppress opioid withdrawal. In this case there is no mention of opioid addiction or need for opioid detoxification. The claimant's pain reduces from 10/10 to 7/10 with Butrans use but there is no mention of using other less potent options such as lower dose opioids, Tylenol, Tricyclics or NSAIDS. The guidelines also recommend routine monitoring and evaluation of opioids and 4 months of refills is not recommended. As a result, the use of Butrans patches is not medically necessary.