

<b>Case Number:</b>	CM13-0009030		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	09/29/2008
<b>Decision Date:</b>	01/13/2014	<b>UR Denial Date:</b>	07/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/09/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws of regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a male patient with a date of injury of September 29, 2008. A utilization review determination dated July 25, 2013 recommends modified certification of Butrans patch and Norco. Butrans is modified to a 30 day supply as a trial, and Norco is modified to a 30 day supply. A report dated October 22, 2013 identifies subjective complaints stating, "The patient has right upper arm pain which is rated as in 6 - 8 out of 10 on the VAS scale. Patient is in constant pain. Exacerbating factors include increased activity, heavy lifting, movement, and repetitive motion. The only relieving factors are ice, stretching, heat, and oral pain medications. Previously the patient has tried physical therapy, acupuncture therapy, aquatic therapy, and home exercise, all of which have provided minimal or temporary pain relief. The patient presents today for alternative and interventional options to alleviate the pain." Objective examination identifies, "limited range of motion in his right elbow extension and flexion. He also has . . . tenderness and paresthesia in his right arm to palpation." Diagnoses include, "pain in joint involving upper arm, sprain of unspecified site of elbow and forearm, injury to ulnar nerve." Medications as of June 18, 2013 include trials of Lyrica, Norco, and Celebrex. Physical examination identifies limited range of motion in the right elbow with flexion and extension. Treatment plan recommends continuing Lyrica, refill Norco, continue Celebrex, and start Butrans patch.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Starting Butrans patch 10mcg/hr q a week, #4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section 9792.24.2.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. §§9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 76-79.

**Decision rationale:** Regarding the request for Butrans, Chronic Pain Medical Treatment Guidelines state that prior to initiating opioids, goals should be set and continued use of opioids should be contingent upon meeting those goals. Additionally, guidelines recommend baseline pain and functional assessments prior to starting opiate therapy. Regarding the ongoing use of opiates, guidelines recommend documentation of analgesic effect, objective functional improvement, discussion regarding side effects, and discussion regarding risk for aberrant use (including urine drug screen and possibly a pain agreement). Within the documentation available for review, there is no indication that functional goals have been outlined prior to the initiation of few trends, or that there has been any baseline functional assessment prior to the request for initiation of Butrans. In the absence of such documentation, the currently requested Butrans is not medically necessary.

**Refilling Norco 10/325mg, po, qid, #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section 9792.24.2.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. §§9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 76-79.

**Decision rationale:** Regarding the request for Norco, California Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain relief. Within the documentation available for review, there is no indication that the Norco is improving the patient's function, no documentation regarding side effects, and no discussion regarding aberrant use. In the absence of such documentation, the currently requested Norco is not medically necessary.