

<b>Case Number:</b>	CM13-0027255		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	07/03/2010
<b>Decision Date:</b>	02/11/2014	<b>UR Denial Date:</b>	09/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/20/2013

### 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 Family Practice, 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 and 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:

30 yr. old male claimant sustained a work related injury on 7/3/2010 that resulted in chronic right arm pain due to repetitive use. A prior MRI showed a triangular fibro cartilaginous tear. An arthroscopic debridement was performed in 2011 as well as ulnar shortening. A progress note in August 2013 indicated he did well with the surgery except pain was not relieved at the time with Vicodin and he wanted hardware removed from his wrist. He was given a lidocaine injection for pain and was continued on Norco for pain. During the course of the year, the claimant has tried topical analgesics, Ultram, continuous Norco use, TENS unit, H-wave and undergone physical therapy and exercises. A progress note on May 31, 2013 indicated that the claimant does not want to be on opioids. There is no documentation of a tapering plan and Norco was continued. According to a progress note on 7/23/13, the claimant only obtains relief from oral analgesics. The examination report noted right arm paraesthesias and tenderness to palpation. He was started on Butrans patches for pain and a refill was given for Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Butrans 20mcg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-92..

**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. There is no documentation of plan for taper off of Norco. As a result, the use of Butrans patches is not medically necessary.

**Hydrocodone/Acetaminophen 10/325mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (chronic) Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-92..

**Decision rationale:** Norco (hydrocodone/acetaminophen) is a short acting opioid used for breakthrough pain. According to the MTUS guidelines are not indicated at 1st line therapy for neuropathic pain, and chronic back pain . It is not indicated for mechanical or compressive etiologies. It is recommended for a trial bases for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant has been on Norco for a year with no improvement in pain scale . In addition, the claimant has stated that he does not want to remain on opioids. The continued use of Norco is not medically necessary.