

<b>Case Number:</b>	CM13-0069319		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	12/13/2010
<b>Decision Date:</b>	06/24/2014	<b>UR Denial Date:</b>	11/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/20/2013

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 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/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:

The patient is a 67 year old male with an injury date of 12/13/10. Based on the 10/30/13 progress report provided by [REDACTED] the patient complains of low back pain, rated as an 8/10. He has stiffness, sharp pain, and hip pain. Back pain is described as aching, burning, stabbing, shooting, and spasming. The patient's diagnoses include lumbar intervertebral disc degeneration and lumbar radiculitis. [REDACTED] is requesting Percocet 5/325 mg #60 and Butrans 10 mcg/hr patch #4 three refills. The utilization review determination being challenged is dated 11/22/13. [REDACTED] is the requesting provider and he provided treatment reports from 03/12/13-12/0213.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PERCOCET 5/325 MG # 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 88, 89.

**Decision rationale:** According to the 10/30/13 report by [REDACTED], the patient presents with low back pain, rated as an 8/10. He has stiffness, sharp pain, and hip pain. The request is for Percocet 5/325 mg #60. A review of the reports shows that the patient first took Percocet on 03/12/13. For chronic opiate use, the California MTUS Guidelines page 88 and 89 require functioning documentation using a numerical scale or a validated instrument at least once every six months. Documentation of the 4A (analgesia, ADLs, adverse side effects, and adverse behavior) are required. Furthermore under outcome measure, it also recommends documentation of current pain, average pain, least pain, time it takes for medication to work, duration of pain relief with medication, etc. There are no discussions regarding any functional improvement specific to the opiate use, nor do any reports discuss any significant change in ADL attributed to use of Percocet. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should now slowly be weaned as outlined in California MTUS Guidelines. Therefore the request is not medically necessary.

**BUTRANS 10 MBC/HR PATCH # 4, THREE REFILLS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 88, 89.

**Decision rationale:** According to the 10/30/13 report by [REDACTED], the patient presents with low back pain, rated as an 8/10. He has stiffness, sharp pain, and hip pain. The request is for Butrans 10 mcg/hr patch #4 three refills. For chronic opiate use, MTUS Guidelines page 88 and 89 require functioning documentation using a numerical scale or validated instrument at least one every six months, documentation of the 4 A's (analgesia, ADLs, adverse side effects, adverse behavior) is required. Furthermore, under outcome measure, it also recommends documentation of chronic pain, average pain, least pain, the time it takes for medication to work, duration of pain relief with medication, etc. Medical records document the patient has been using Butrans patches since 03/12/2013. The 03/12/13 report states that the Butrans patch helps the patient function and do activities around the house. No pain scales or specific ADLs were mentioned. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, the patient should slowly be weaned as outlined in MTUS Guidelines. Therefore the request is not medically necessary.