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| <b>Case Number:</b>   | CM13-0071542 |                              |            |
| <b>Date Assigned:</b> | 05/14/2014   | <b>Date of Injury:</b>       | 12/29/1995 |
| <b>Decision Date:</b> | 06/13/2014   | <b>UR Denial Date:</b>       | 12/27/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/27/2013 |

### 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 and Pain Management, 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 58 year-old female who was injured on 12/29/1995 and considered P&S on 11/19/2002. Diagnoses include lumbar pain and lumbar degenerative disc disease. The patient is on permanent partial disability, and is not working. According to the 12/16/13 report from [REDACTED] the patient was out of the state and was not able to get medications refilled by Workers Comp. She had to pay for medications, but could not afford the Butrans patch. For the first few days of using the patch, she was able to lower Norco to 0-1 per day, but by the 6th day of the patch, she was back up to 3-4 Norco/day. The plan was to increase Butrans to 15mcg, to see if it would last the entire 7-days, also keep her on 90 Norco/month and Soma 350mg q6h.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**BUTRANS 15MCG, BRAND #4 WITH 1 REFILL:** Upheld

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

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

**Decision rationale:** According to the MTUS Chronic Pain Medical Treatment Guidelines, "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement". The MTUS guidelines also state, "When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." There is no pain assessment, or comparison of pain levels with medications to baseline. There is no reporting on efficacy of the medications, the documentation does not support a satisfactory response. There is no mention of improved pain, or improved function or improved quality of life with the use of Butrans patches. MTUS does not recommend continuing treatment if there is not a satisfactory response. Therefore, the request for Butrans 15mcg, brand # 4 with 1 refill is not medically necessary and appropriate.

**90 NORCO 10/325MG GENERIC WITH 1 REFILL:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints, Long-Term Opioid Use, Page(s): 88-89, 8-9.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines, criteria for chronic users of opioids requires: "Document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." In this case, there is no pain assessment on a numeric scale, or documentation of function, no baseline measurement or comparison to baseline, and no indication of a satisfactory response with use of Norco. (No mention of decreased pain, improved function or improved quality of life with Norco). The patient does not meet the MTUS criteria for long-term use of opioids. Therefore, the request for Norco 10/325 mg, generic, with 1 refill is not medically necessary and appropriate.

**120 SOMA 350MG WITH 1 REFILL:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (For Pain) Page(s): 63-66.

**Decision rationale:** MTUS guidelines states Soma is not recommended longer than 3-weeks. In this case, the total number of tablets or duration was not provided. The physician states the next follow-up visit is in 2-months. The incomplete prescription provides an inability to verify if

Soma is in accordance with timeframe specified under MTUS guidelines. Therefore, the request for Soma, quantity 120 350 mg, with 1 refill is not medically necessary and appropriate.