

Case Number:	CM14-0007739		
Date Assigned:	02/10/2014	Date of Injury:	09/15/2000
Decision Date:	07/11/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/21/2014

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 Occupational Medicine 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 43-year-old male who has submitted a claim for lumbar radiculopathy associated with an industrial injury date of September 15, 2000. Medical records from 2012-2014 were reviewed. The patient complained of persistent right-sided low back pain, grade 8/10 in severity. The pain radiates to the right buttock and then down into the right lower extremity. There was associated numbness of his toes on the great toe side on the right. The pain was aggravated by prolonged sitting, standing from a sitting position, bending, lifting, and carrying more than 10 pounds, and prolonged standing. The patient had a spinal cord stimulator implant on his thoracolumbar spine on November 2013 which provided relief of his back and leg pain. Recent physical examination showed lumbar paraspinal muscle tenderness without spasms, more on the right. Lumbar spine range of motion was decreased on flexion and extension. There was some swelling over the medial incision of the spinal cord stimulator implant. Range of motion was grossly normal for major points of the lower extremities. MRI of the lumbar spine showed pathology at the L4-L5 and L5-S1. Official report of the imaging study was not available. Treatment to date has included medications, physical therapy, activity modification, right knee surgery, lumbar epidural steroid injections, and dual lead spinal cord stimulator implantation on the lumbothoracic area. Utilization review, dated January 9, 2014, modified the request for Butrans 10mcg/hr (#4) to Butrans 5mcg patch for 2 weeks to facilitate weaning process and because long term opiate use is not supported due to tolerance and side effect issues. The request for Norco 10/325mg (#120) was modified to 2/day for 2 weeks then 1/day for 2 weeks then discontinued. Long term use was not recommended and the lack of documented compliance was not fully investigated to support continued Norco use. In addition, a spinal cord stimulator helped with the pain by 70% so medications should be reduced just based on that claim. An appeal letter

dated January 8, 2014 states that the patient still needs breakthrough medications in the form of hydrocodone probably around 30mg a day in divided doses.

IMR ISSUES, DECISIONS AND RATIONALES

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

BUTRANS 10 MCG/HR QUANTITY 4: 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: Pages 26 to 27 of the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that buprenorphine is recommended for treatment of opiate addiction. In this case, the patient was prescribed Butrans in December 2012. However, the medical records did not document objective measures of analgesia and functional gains attributed with the use of Butrans. In addition, the medical records also failed to provide evidence of history of opiate addiction. There is no clear indication for continued use of this medication. Therefore, the request for Butrans 10 Mcg/HR quantity 4 is not medically necessary.

NORCO 10/325 QUANTITY 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: As stated on page 78 of California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief (analgesia), side effects (adverse side effects), physical and psychosocial functioning (activities of daily living) and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been taking Norco since 2010. Urine toxicology screening was done which showed appropriate results. However, recent medical records did not clearly document specific measures of analgesia and functional benefit such as improvements in activities of daily living. Moreover, there was no documentation regarding monitoring of side effects. The guideline criteria have not been met. In addition, patient had a spinal cord stimulator implantation which already provided 70% pain relief. Although an appeal letter stated that patient still needs breakthrough medications in the form of hydrocodone, MTUS Guidelines require clear and concise documentation for ongoing opioid management. Therefore, the request for Norco 10/325 quantity 120 is not medically necessary.

