

<b>Case Number:</b>	CM14-0111951		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	04/27/2011
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	07/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/18/2014

### 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 Anesthesiology, 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 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:

According to the records made available for review, this is a 35-year-old female with a 4/27/11 date of injury. At the time (7/3/14) of request for authorization for Hydroco/APAP Tab 7.5-325, day supply 20, #120 and Butrans DIS 10mcg/hr, day supply 28, #4, there is documentation of subjective (bilateral shoulder pain and low back pain, severe pain radiating down the left lower extremity to the calf) and objective (lumbar spine range of motion forward flexion 70, extension 45, and rotation 45 bilaterally) findings, current diagnoses (discogenic low back pain from a significant disc herniation at L4-5), and treatment to date (medications (including Neurontin, Norco (since at least 1/14), and Butrans (since at least 6/2/14))). 6/30/14 medical report identifies the patient reports some benefit with the increase in the Butrans patch. Regarding the requested Hydroco/APAP Tab 7.5-325, day supply 20, #120, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; that the lowest possible dose is being prescribed; and that there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Norco use to date. Regarding the requested Butrans DIS 10mcg/hr, day supply 28, #4, there is no documentation of opiate addiction or chronic pain (after detoxification in patients who have a history of opiate addiction), and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Butrans use to date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydroco/APAP Tab 7.5-325, day supply 20, #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of discogenic low back pain from a significant disc herniation at L4-5. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; that the lowest possible dose is being prescribed; and that there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, given medical records reflecting ongoing use of Norco since at least 1/14, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Norco use to date. Therefore, based on guidelines and a review of the evidence, the request for Hydroco/APAP Tab 7.5-325, day supply 20, #120 is not medically necessary.

**Butrans DIS 10mcg/hr, day supply 28, #4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26-27. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of opiate addiction or chronic pain (after detoxification in patients who have a history of opiate addiction), as criteria necessary to support the medical necessity of Buprenorphine. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of discogenic low back pain from a significant disc herniation at L4-5. However, there

is no documentation of opiate addiction or chronic pain (after detoxification in patients who have a history of opiate addiction). In addition, given medical records reflecting prescription for Butrans since at least 6/2/14 and despite documentation that the patient reports some benefit with the increase in the Butrans patch, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Butrans use to date. Therefore, based on guidelines and a review of the evidence, the request for Butrans DIS 10mcg/hr, day supply 28, #4 is not medically necessary.