

Case Number:	CM14-0155667		
Date Assigned:	09/25/2014	Date of Injury:	04/11/2000
Decision Date:	10/27/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/23/2014

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 Family 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:

This is a 60-year-old female patient who reported an industrial injury on 4/11/2000, over 14 years ago, attributed to the performance of her usual and customary job tasks. The patient complained of ongoing low back, left hip and leg pain. The patient originally was taking six Norco per month for only severe flareups. The patient was started on Butrans 5 mcg patches. Subsequent to the initiation of the Butrans patches the patient continued to complain of low back, left hip, and leg pain. The patient reportedly still use the occasional Norco for flareups. The objective findings on examination included multiple tender points to palpation over the lumbar region; full range of motion to the lumbar spine; DTRs were equal bilaterally. The patient was being prescribed Lidoderm patches to the back; Norco 10/325 mg; Butrans patch 5 mcg; magnesium; zero Tech 10 mg; a proton pump inhibitor or H2 inhibitor through [REDACTED]; levothyroid; cyclobenzaprine 10 mg prescribed for pain and insomnia Q HS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans Dis 5mcg #4/28 Days with 1 Refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Burenorphine. Decision based on Non-MTUS Citation Official Disability Guidelines, pain chapter, Burenorphine

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 12 Low Back Complaints Page(s): 47-48; 300-306, Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-97. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) chapter 6 pages 114-16 Official Disability Guidelines (ODG) pain chapter-opioids

Decision rationale: The prescription for Butrans patches 5 mcg/hr for seven days #4 with refill x1 for long acting pain relief is being prescribed as an opioid analgesic for the treatment of chronic back pain; whereas, the patient previously was able to get through a month with only the use of approximately six (6) Norco tabs for flareups. The patient is already discontinued her previously prescribed medication and has done well with OTC medications such as Tylenol and Motrin. There is no objective evidence provided to support the continued prescription of opioid analgesics for chronic pain reported to the low back. There is no documented functional improvement from this opioid analgesic and the BuTrans should be discontinued. The ACOEM Guidelines and CA MTUS do not recommend long acting opioids for mechanical low back/neck pain. California MTUS Chronic Pain Medical Treatment Guidelines section on Opioids; Ongoing Management recommends; "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects." The medical records provided for review do not document evidence of functional improvement due to the use of BuTrans. The opportunity for weaning was provided. There is no objective evidence provided to support the continued prescription of opioid analgesics for the cited diagnoses and effects of the industrial claim. There is no documented sustained functional improvement. There is no medical necessity for opioids directed to chronic mechanical neck and back pain. The prescription for Butrans is being prescribed as opioid analgesics for the treatment of chronic neck and back pain against the recommendations of the ACOEM Guidelines. There is no objective evidence provided to support the continued prescription of opioid analgesics for chronic back pain 14 years after the initial DOI. There is no demonstrated medical necessity for the initiation of BuTrans for chronic back pain. The chronic use of BuTrans is not recommended by the CA MTUS, the ACOEM Guidelines, or the Official Disability Guidelines for the long-term treatment of chronic pain and are only recommended as a treatment of last resort for intractable pain. The prescription of opiates on a continued long-term basis is inconsistent with the CA MTUS and the Official Disability Guidelines recommendations for the use of opiate medications for the treatment of chronic pain. There is objective evidence that supports the use of opioid analgesics in the treatment of this patient over the use of NSAIDs for the treatment of chronic pain. The current prescription of opioid analgesics is not consistent with evidence-based guidelines based on intractable pain. The ACOEM Guidelines updated chapter on chronic pain states, "Opiates for the treatment of mechanical and compressive etiologies: rarely beneficial. Chronic pain can have a mixed physiologic etiology of both neuropathic and nociceptive components. In most cases, analgesic treatment should begin with acetaminophen, aspirin, and NSAIDs (as suggested by the WHO step-wise algorithm). When these drugs do not satisfactorily reduce pain, opioids for moderate to moderately severe pain may be added to (not substituted for) the less efficacious drugs. A major concern about the use of opioids for chronic pain is that most randomized controlled trials have been limited to a short-term period (70 days). This leads to a concern about confounding issues; such as, tolerance, opioid-induced hyperalgesia, long-range adverse effects, such as, hypogonadism and/or opioid abuse, and the influence of placebo as a variable for treatment effect." ACOEM guidelines state that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal and eye symptoms; they should be used only if needed for severe pain and only for a short time. The long-term use of opioid medications may be considered in the treatment of chronic musculoskeletal pain, if: The patient has signed an appropriate pain contract; Functional expectations have been agreed to by the clinician and the patient; Pain medications will be provided by one physician only; The patient agrees to use only

those medications recommended or agreed to by the clinician. ACOEM also notes that "pain medications are typically not useful in the subacute and chronic phases and have been shown to be the most important factor impeding recovery of function." There is no demonstrated medical necessity for the initiation of Butrans patches 5 mcg/hr #4 with refill times one.