

<b>Case Number:</b>	CM14-0155962		
<b>Date Assigned:</b>	09/30/2014	<b>Date of Injury:</b>	12/26/2003
<b>Decision Date:</b>	12/12/2014	<b>UR Denial Date:</b>	09/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 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 was injured when a case of beer fell onto her head from a height of 15 feet on 12/6/03 resulting in neck pain, headaches, lower and mid back pain. Cervical MRI from 2008 showed disc bulge at C5-6 with displacement of cervical nerves. Lumbar MRI in 2008 showed bulging at L4-5 with neural foraminal narrowing. According to clinic note dated 7/30/14, the chief complaints are cervical pain radiating to left upper arm, mid and lower back pain which is 8/10. Current medications include Neurontin 600mg at night. On physical exam there is tenderness at paracervical, thoracic and lumbar muscles, and significantly decreased cervical range of motion. Neurological exam indicates decreased sensation along inner thigh and positive right straight leg raise. Impressions are that of chronic pain syndrome, cervical, lumbar and thoracic disc disease. Plan is to start Butrans 10mg per week. The provider notes that there is a report of past methamphetamine tested positive in past urine drug screen. However, the provider assessed opioid risk and asked her to sign an opioid agreement. CURE report was consistent. A cervical MRI on 8/22/14 showed broad-based disc osteophyte from C3-4-C6-7, resulting in moderate to severe neural foraminal narrowing at multiple levels. Follow-up with treating provider on 8/27/14 states that the patient has not been able to get Butrans patch and now reports 10/10 lumbar and cervical radicular pain without medication. There is no report of physical exam findings. Clinical impressions are unchanged. Plan is to start her on Tramadol 50mg and to obtain a urine drug screen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Butrans 10mg patches #4:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (Criteria for Use/Therapeutic Trial of Opioids) Page(s): 7.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

**Decision rationale:** The initial peer review denied the request for Butrans Patch based on that "there has not been recent provided evidence of screening exams for misuse having been performed with a demonstrated low risk for misuse, with evidence that use resulted in a decrease in VAS pain score... and CURE report to monitor for aberrancy". Upon my review of the records it appears that the prescribing provider did screen her for risk of misuse and aberrant behavior with the Opioid Risk Tool and found that she was currently not of elevated risk, scoring a 1. The provider also queried CURE report which was consistent. Additionally the provider performed opioid counseling and obtained a signed opioid agreement. A further peer review from 9/5/14 states that the medication is not necessary as there is no documentation showing measurable analgesic or functional vocational benefits. It appears that there is no documentation of clinical improvement primarily because the patient was not evaluated after taking the medication for any sufficient period of time that would have shown any clinical benefit. Considering that the patient is on a first line agent, gabapentin, for her chronic neuropathic pain and continues to have moderate to severe pain, a long acting opioid such as Butrans is an appropriate adjuvant treatment option. This is supported by the CA MTUS guideline which states that "opioids have been suggested for neuropathic pain that has not responded to first-line recommendations". Based on the records, it is clear that the treating provider is obtaining routine urine drug testing and providing appropriate screening of abuse or non-efficacy. Therefore, this request is medically necessary.