

<b>Case Number:</b>	CM14-0160410		
<b>Date Assigned:</b>	10/06/2014	<b>Date of Injury:</b>	06/26/2014
<b>Decision Date:</b>	12/04/2014	<b>UR Denial Date:</b>	09/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2014

### 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 Physical Medicine & Rehabilitation, 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 64 year-old patient sustained an injury on 11/12/14 when trying to retrieve his badge from the floor and the chair rolled out from under him while employed by [REDACTED]. Request(s) under consideration include Norco 10/325mg #60 and prescription request for Butrans 10mcg/hr film #4. Diagnoses include lumbago and lumbosacral neuritis. MRI of the lumbar spine dated 8/5/14 showed no fracture; multilevel 2-3 mm disc bulge at L1-3, L4-5, L5-S1 and 4-5 mm disc bulge with facet hypertrophy; no evidence of central canal stenosis. Report of 9/4/14 from the provider noted the patient with constant low back, left hip, buttocks and leg pain rated at 10/10. Exam showed lumbar flex/ext/rotation of 50/0/5 degrees; tenderness to palpation over lumbar spine and left SI joint; mildly positive SLR on left; difficulty assessing for DTRs secondary to obesity. Medications list Norco, Ibuprofen, and Butrans patch. X-rays of lumbar spine showed degenerative changes. The patient has received 6 previous PT sessions. The request(s) for Norco 10/325mg #60 and prescription request for Butrans 10mcg/hr film #4 were modified for weaning on 9/26/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription request for Norco 10/325mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 92.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 74-96.

**Decision rationale:** This 64 year-old patient sustained an injury on 11/12/14 when trying to retrieve his badge from the floor and the chair rolled out from under him while employed by [REDACTED]. Request(s) under consideration include Norco 10/325mg #60 and prescription request for Butrans 10mcg/hr film #4. Diagnoses include lumbago and lumbosacral neuritis. MRI of the lumbar spine dated 8/5/14 showed no fracture; multilevel 2-3 mm disc bulge at L1-3, L4-5, L5-S1 and 4-5 mm disc bulge with facet hypertrophy; no evidence of central canal stenosis. Report of 9/4/14 from the provider noted the patient with constant low back, left hip, buttocks and leg pain rated at 10/10. Exam showed lumbar flex/ext/rotation of 50/0/5 degrees; tenderness to palpation over lumbar spine and left SI joint; mildly positive SLR on left; difficulty assessing for DTRs secondary to obesity. Medications list Norco, Ibuprofen, and Butrans patch. X-rays of lumbar spine showed degenerative changes. The patient has received 6 previous PT sessions. The request(s) for Norco 10/325mg #60 and prescription request for Butrans 10mcg/hr film #4 were modified for weaning on 9/26/14. Per the MTUS Guidelines cited, opioid use in the setting of non-malignant or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this injury. The 1 prescription request for Norco 10/325mg #60 is not medically necessary and appropriate.

**1 prescription request for Butrans 10mcg/hr film #4: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 92.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine HCL, Opioids Page(s): 26-27, 74-96.

**Decision rationale:** This 64 year-old patient sustained an injury on 11/12/14 when trying to retrieve his badge from the floor and the chair rolled out from under him while employed by [REDACTED]. Request(s) under consideration include Norco 10/325mg #60 and prescription request for Butrans 10mcg/hr film #4. Diagnoses include lumbago and lumbosacral neuritis. MRI of the lumbar spine dated 8/5/14 showed no fracture; multilevel 2-3 mm disc bulge at L1-3, L4-5, L5-S1 and 4-5 mm disc bulge with facet hypertrophy; no evidence of central canal

stenosis. Report of 9/4/14 from the provider noted the patient with constant low back, left hip, buttocks and leg pain rated at 10/10. Exam showed lumbar flex/ext/rotation of 50/0/5 degrees; tenderness to palpation over lumbar spine and left SI joint; mildly positive SLR on left; difficulty assessing for DTRs secondary to obesity. Medications list Norco, Ibuprofen, and Butrans patch. X-rays of lumbar spine showed degenerative changes. The patient has received 6 previous PT sessions. The request(s) for Norco 10/325mg #60 and prescription request for Butrans 10mcg/hr film #4 were modified for weaning on 9/26/14. Submitted reports have not demonstrated the indication or medical necessity for this medication request. Per MTUS Chronic Pain, Butrans or Buprenorphine is a scheduled III controlled substance recommended for treatment of opiate addiction or opiate agonist dependence. Request has been modified for weaning purposes. Butrans has one of the most high profile side effects of a scheduled III medication. Pain symptoms and clinical findings remain unchanged for this injury. Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or returned to work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. The 1 prescription request for Butrans 10mcg/hr film #4 is not medically necessary and appropriate.