

Case Number:	CM14-0174066		
Date Assigned:	10/27/2014	Date of Injury:	11/02/2011
Decision Date:	12/11/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/22/2014

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 Tennessee. 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 61-year-old male with a 11/2/11 date of injury. The mechanism of injury occurred when he "lifted and swung" trash. According to a pain management consult report dated 8/5/14, the patient reported increasing neck and lower back pain, which was rated as 6 out of 10. The pain was described as a sharp pain that could increase to a throbbing pain radiating into bilateral arms and bilateral legs. The provider has recommended continuing Norco and starting Butrans patch. Objective findings: limited cervical range of motion, significant spasming and twitching of trapezius and levator scapulae muscles, palpation of cervical facets elicited facet tenderness, limited lumbar range of motion, tenderness of thoracolumbar fascia, spasming and twitching upon palpation of bilateral quadratus lumborum and erector spinae muscles. Diagnostic impression: lumbago, degeneration of lumbar or lumbosacral intervertebral disc, cervicgia, thoracic back pain, lumbar radiculopathy, cervical radiculopathy, degeneration of cervical intervertebral disc. Treatment to date: medication management, activity modification, physical therapy, chiropractic therapy, LESI, 2 left shoulder surgeries. A UR decision dated 9/30/14 denied the requests for Norco and Butrans patches. The analgesic and functional responses to prior opioid therapy were not documented to justify continuation of Norco and addition of Butrans. There is no pain contract, pill count, behavioral evaluation, CURES report, or urine drug screen submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, in the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. Guidelines do not support the continued use of opioid medications without documentation of functional improvement. In addition, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, or CURES monitoring. Furthermore, a urine drug screen dated 5/22/14 was inconsistent for hydrocodone use. There is no documentation that the provider has addressed this issue with the patient. Therefore, the request for Norco 10/325mg #60 was not medically necessary.

4 Butrans patches 5mcg/hr: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26-27. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - Buprenorphine Other Medical Treatment Guideline or Medical Evidence: FDA (Butrans)

Decision rationale: The FDA states that Butrans is indicated for the management of moderate to severe chronic pain in patients requiring a continuous, around-the-clock opioid analgesic for an extended period; with a black box warning identifying that buprenorphine patches are linked to a risk for misuse, abuse, and diversion, particularly in patients with a history of substance abuse or mental illness. However, in the present case, it is documented that the patient is currently utilizing Norco. Buprenorphine, the active ingredient in Butrans, is a mixed opioid agonist/antagonist. Buprenorphine blocks the analgesic effects of other opioids, such as Norco. There is no rationale provided as to why this patient requires Butrans as an around-the-clock opioid analgesic instead of another medication. In addition, there is no documentation of significant pain reduction or functional improvement from the patient's previous opioid use to justify the addition of another opioid medication. Therefore, the request for 4 Butrans patches 5mcg/hr was not medically necessary.