

Case Number:	CM14-0178774		
Date Assigned:	11/03/2014	Date of Injury:	09/09/2013
Decision Date:	12/08/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/28/2014

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 and Rehabilitation, has a subspecialty in Pain 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 male patient with a date of injury of September 9, 2013. A utilization review determination dated October 2, 2014 recommends non-certification of hydrocodone/acetaminophen 10-325 mg #150, Butrans Patch 5 g/hour patch #4, hydrocodone/acetaminophen 10-325 mg #150 x3, Butrans Patch 5 g/hour patch #4 x3 refills, and icy hot x 2 months supply. A progress note dated September 11, 2014 identifies subjective complaints of persistent lower back pain, traction makes the patient feel dizzy, the patient noted a flare-up of pain after carrying some paint, the pain in the lower back is getting a little bit better, and there is burning down the left lower extremity and tingling in the toes. Physical examination reveals that the patient has an improved gait, the patient has good lumbar flexion, pain in extension, there is exquisite tenderness to palpation at the lumbosacral junction, sensory and motor examinations of lower extremities are intact, and there is spasm/guarding in the lower back. The diagnosis is L4-5 and L5-S1 annular tears. The treatment plan recommends an additional course of chiropractic care as the patient has been making improvement after the initial 6-8 visits, and trial of Butrans for long-acting pain relief with the Norco for breakthrough pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Hydrocodone/Acetaminophen 10/325mg #150, DOS 9/11/14: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 44, 47, 75-79, 120.

Decision rationale: Regarding the request for Norco (hydrocodone/acetaminophen) 10/325mg #150, California Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Norco (hydrocodone/acetaminophen) 10/325mg #150 is not medically necessary.

Retrospective, Butrans 5mcg/hr patch #4, DOS 9/11/14: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 44, 47, 75-79, 120.

Decision rationale: Regarding the request for Butrans (buprenorphine) 5mcg/hr patch #4, California Pain Medical Treatment Guidelines state that Butrans is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication of the patient's pain (in terms of NRS) and what functional deficits are intended to be addressed with Butrans. Furthermore, there is no statement indicating what pain medications the patient has tried and failed. As such, the currently requested Butrans (buprenorphine) 5mcg/hr patch #4 is not medically necessary.

Hydrocodone/Acetaminophen 10/325mg #150 x 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 44, 47, 75-79, 120.

Decision rationale: Regarding the request for Norco (hydrocodone/acetaminophen) 10/325mg #150 x3 refills, California Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Norco (hydrocodone/acetaminophen) 10/325mg #150 x 3 refills is not medically necessary.

Butrans 5mcg/hr patch #4 x 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 44, 47, 75-79, 120.

Decision rationale: Regarding the request for Butrans (buprenorphine) 5mcg/hr patch #4 x 3 refills, California Pain Medical Treatment Guidelines state that Butrans is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication of the patient's pain (in terms of NRS) and what functional deficits are intended to be addressed with Butrans. Furthermore, there is no statement indicating what pain medications the patient has tried and failed. Finally, there is no documentation of analgesic efficacy and objective functional improvement as a result of a trial of Butrans. As such, the currently requested Butrans (buprenorphine) 5mcg/hr patch #4 x3 refills is not medically necessary.

Icy Hot x 2 months supply: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Salicylate Topicals <http://www.icyhot.com>

Decision rationale: Regarding the request for Icy Hot (methyl salicylate+menthol) x2 months, guidelines state that topical NSAIDs are recommended for short-term use. Oral NSAIDs contain

significantly more guideline support, provided there are no contraindications to the use of oral NSAIDs. ODG states that topical salicylates are recommended. Topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in acute and chronic pain, but especially acute pain. In chronic pain conditions such as osteoarthritis the evidence was more robust, but rubefacients appear to provide useful levels of pain relief in one in six individuals over and above those who also responded to placebo. This compares poorly with topical NSAIDs where substantial amounts of good quality evidence indicate that one in every three individuals treated will experience useful levels of pain relief over and above those who also responded to placebo. Within the documentation available for review, there is no indication that the Icy Hot is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS). As such, the current request for Icy Hot (methyl salicylate+menthol) x2 months is not medically necessary.