

<b>Case Number:</b>	CM14-0180860		
<b>Date Assigned:</b>	11/05/2014	<b>Date of Injury:</b>	03/07/2012
<b>Decision Date:</b>	12/10/2014	<b>UR Denial Date:</b>	10/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2014

### 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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 51 year old patient with date of injury of 3/7/12. Medical records indicate the patient is undergoing treatment for osteoarthritis, lumbar degenerative disc disease, radiculopathy, spinal stenosis, cervical strain/sprain, lumbago and hip contusion. Subjective complaints include pain (described as sharp, stabbing and burning) and stiffness to the low back, decrease range of motion to low back, numbness and tingling of bilateral legs. Objective findings include tenderness to palpation, pain with facet loading, positive straight leg raise, and lumbar range of motion: forward flexion to 10" from the floor, extension 0, lateral bending to 20, axial rotation 20; decreased muscle strength throughout lumbar spine, and poor posture. Treatment has consisted of injection of Ketorolac, chiropractic care, physical therapy. MRI on 8/13/2012 showed L5-S1 3-4 mm broad based disc protrusion extending into foraminal regions bilaterally, mild facet arthropathy. No significant central canal narrowing. Moderate foraminal narrowing on the right and mild-to-moderate foraminal narrowing on the left. L4-5 2 mm broad-based disc bulge and mild facet arthropathy, no significant central canal narrowing, minimal foraminal narrowing on the left and no significant foraminal narrowing on the right. L3-4 2 mm broad based disc bulge in the left foraminal region, mild facet arthropathy, no central canal narrowing, minimal foraminal narrowing on the left and no significant foraminal narrowing on the right. The utilization review determination was rendered on 10/28/2014 recommending non-certification of Butrans 20mcg/hr #4 patches, Norco 10/325mg #90, Lyrica 100mg #90 and Bilateral C4-5 and C5-6 facet joint injection to the cervical spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Butrans 20mcg/hr #4 patches:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 26, 78.

**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) Chronic Pain, Butrans

**Decision rationale:** ODG states "Buprenorphine transdermal system (Butrans; no generics): FDA-approved for moderate to severe chronic pain. Available as transdermal patches at 5mcg/hr, 10mcg/hr and 20mcg/hr. See also Buprenorphine for treatment of opioid dependence" Buprenorphine, is "recommended for treatment of opiate addiction. Also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction." The ODG states that Buprenorphine is "recommended as an option for treatment of chronic pain (consensus based) in selected patients (not first-line for all patients). Suggested populations: (1) Patients with a hyperalgesia component to pain; (2) Patients with centrally mediated pain; (3) Patients with neuropathic pain; (4) Patients at high-risk of non-adherence with standard opioid maintenance; (5) For analgesia in patients who have previously been detoxified from other high-dose opioids. Use for pain with formulations other than Butrans is off-label. Due to complexity of induction and treatment the drug should be reserved for use by clinicians with experience." The employee is using this medication for chronic pain. However, there is no medical documentation of any of the five conditions listed above which are the specific indications for using Buprenorphine. There is no documentation of a trial and failure of first line agents. The treating physician is also requesting Norco, another opioid medication. Therefore, the request for Butrans 20mcg/hr #4 patches is not medically necessary.

**Norco 10/325mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Neck and Upper Back (Acute and Chronic), Low Back - Lumbar & Thoracic (Acute & Chronic), Pain.

**Decision rationale:** ODG does not recommend the use of opioids for neck and low back pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased

level of function, or improved quality of life." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. Additionally, medical documents indicate that the patient has been on Norco since in excess of the guideline recommendations. The treating physician is also requesting Butrans. As such, the question for Norco 10/325mg #90 is not medically necessary.

**Lyrica 100mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica) Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Anti-epilepsy drugs (AEDs) for pain

**Decision rationale:** MTUS and ODG state that "Pregabalin (Lyrica) has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. Pregabalin was also approved to treat fibromyalgia. See Anti-epilepsy drugs (AEDs) for general guidelines, as well as specific Pregabalin listing for more information and references." Lyrica is indicated for neuropathic pain, and the patient's subjective complaints are of myofascial and axial back pain. The treating physician does not document diabetic neuropathy or postherpetic neuralgia, and the intended use of Lyrica for this patient is unclear. In addition, the treating physician does not detail pain relief and improved functionality while taking Lyrica. As such, the request for Lyrica 100mg #90 is not medically necessary.

**Bilateral C4-5 and C5-6 facet joint injection to the cervical spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Epidural steroid injections (ESIs)

**Decision rationale:** MTUS Chronic pain medical treatment guidelines state that epidural steroid injections are "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program." There were no medical documents provided to conclude that other rehab efforts or home exercise program is ongoing. Additionally, no objective findings were documented to specify the dermatomal distribution of pain. MTUS further defines the criteria for epidural steroid injections to include: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical

methods, NSAIDs and muscle relaxants). 3) Injections should be performed using fluoroscopy (live x-ray) for guidance.4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections.5) No more than two nerve root levels should be injected using transforaminal blocks.6) No more than one interlaminar level should be injected at one session.7) In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007)8) Current researches do not support a "series-of-three" injection in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. While the treating physician documents cervical radiculopathy, they did not provide imaging of the cervical spine or electrodiagnostic studies to confirm the radiculopathy. Additionally, the patient has chronic pain and it is unclear how a facet joint injection will improve the patient's cervical radiculopathy and degenerative joint disease. As such, the request for Bilateral C4-5 and C5-6 facet joint injection to the cervical spine is not medically necessary at this time.