

Case Number:	CM14-0023270		
Date Assigned:	05/14/2014	Date of Injury:	09/05/2008
Decision Date:	07/29/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	02/24/2014

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 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 53-year-old female with a 9/5/08 date of injury. Mechanism of injury described a combated client who had caked the claimant in the back resulting in her sustaining a substantial rotational twist. The request at hand includes Butrans and Norco. There was a prior adverse determination on 2/12/14. Butrans and Norco or partially certified for weaning purposes. It should be noted that there is an overlay of major depressive disorder and post-traumatic stress disorder according to the psychiatric AME. 8/16/13 progress report describes current medications that include extra strength Tylenol, Xanax, and Norco b.i.d. The patient had 80% improvement with radiofrequency ablation. In fact, it is noted that the patient decreased Norco to once nightly. There is a letter of authorization from 8/26/13 certifying 120 tablets of Norco 10/325 mg. 9/13/13 progress report by [REDACTED] indicates that the patient needs Norco in the middle of the night and 6 tablets per day. She is gaining weight as she cannot do activities of daily living. Medications listed include Norco 10/325 mg one tablet p.o. q.3-four hours p.r.n. The treatment plan included ongoing right hip pain and low back pain where there is a request for radiofrequency ablation of L4 and L5 with 180 tablets of Norco. There is a CURES report from 10/31/13 showing prescriptions from [REDACTED]. 1/10/14 progress report from [REDACTED] indicates low back pain and improvements with the medial branch blocks and radiofrequency neurotomy. VAS score was 8-9/10. The patient is now taking 6-8 Norco per day and in the middle of the night. The diagnoses includes chronic pain syndrome and facet mediated pain. On this date, 180 tablets of Norco (with 3 refills (720 tablets)) was prescribed including Butrans as the pain was escalating.

IMR ISSUES, DECISIONS AND RATIONALES

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

BUTRANS 10MCG/HR QUANTITY: 16: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 88, 89, 93.

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 ODG Pain Chapter.

Decision rationale: Regarding the Butrans, the prior adverse determination was reviewed. MTUS chronic pain medical treatment guidelines support Butrans for opiate addiction and recommended as an option for chronic pain especially after detoxification in patients who have a history of opiate addiction. In this case, it was added secondary to escalating pain. The patient was already on 180 tablets of Norco per month with 8-9/10 pain. The guidelines also state that it can be recommended as treatment of opiate dependence. It may provide a more around-the-clock analgesic affect for an extended period of time however there must be documentation of appropriate ongoing monitoring. It is used as a once a week patch and could potentially be useful especially since the immediate release Norco had not been working however, there is no justification for provision of 16 patches without a month clinical trial and re-evaluation.

NORCO 10/325MG QUANTITY: 720: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 88, 89, 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81. Decision based on Non-MTUS Citation Other Medical Treatment Guidelines or Medical Evidence: Opioid Therapy for Chronic Pain Jane C. Ballantyne, M.D., and Jianren Mao, M.D., Ph.D. N Engl J Med 2003.

Decision rationale: Medical necessity for the requested Norco 10/325 mg #720 is not established. The 1/10/14 progress note documented that the patient has difficulties with driving due to grogginess from Norco use. CA MTUS requires documentation of ongoing opioid medication management as well as efficacy, with reduced VAS scores and functional improvement. Due to the patient's significant injury, prior surgical intervention, and current complaints of pain, pain management is necessary. Regarding the Norco, the MTUS guidelines support ongoing opiate management when there is evidence of subjective pain relief, objective functional gains, and appropriate monitoring. It does seem that there was CURES reports and monthly visits however it does not seem from the records that Norco was providing any benefit. There is a request here for 720 tablets (180 tablets with 3 refills) that cannot be recommended as medically necessary given the patient's medication escalation, lack of documented subjective analgesia, and lack of objective functional benefit.

