

<b>Case Number:</b>	CM14-0036117		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	08/05/2010
<b>Decision Date:</b>	12/04/2014	<b>UR Denial Date:</b>	03/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2014

### 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 Occupational Medicine, has a subspecialty in Preventive 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:

The applicant is a represented [REDACTED] employee, who has filed a claim for chronic neck pain reportedly associated with industrial injury of August 5, 2010. Thus far, the applicant has been treated with following: Analgesic medications; opioid therapy; muscle relaxants; adjuvant medications; transfer of care to and from various providers in various specialties; earlier cervical spine surgery; and extensive periods of time off of work. In a Utilization Review Report dated March 19, 2014, the claim administrator failed to approve a request for Norco, Amrix, and Butrans patches. The applicant's attorney subsequently appealed. In a progress note dated November 21, 2013, the applicant reported ongoing complaints of neck pain, reportedly severe. It was stated that the applicant had recently obtained pain medications from an emergency department, a violation of his opioid contract. The applicant was given refills of Butrans, Norco, and Amrix. The applicant was placed off of work, on total temporary disability. In a May 2, 2014, progress note, the applicant again reported ongoing complaints of neck, forearm and right arm pain 5/10. The applicant stated that his pain was unchanged. The applicant stated that various other treatments, including physical therapy, acupuncture, aquatic therapy, and massage had provided only temporary relief. Norco, Butrans, Amrix, Prilosec, and Neurontin were renewed while the applicant was placed off work, on total temporary disability. On April 4, 2014, the applicant was again placed off of work, on total temporary disability, owing to ongoing complaints of neck and arm pain. It was stated that the applicant had a recent urine drug test, which was positive for alcohol. The applicant stated, however, that he would cease drinking. Norco, Butrans, Amrix, Prilosec and Neurontin were again renewed while the applicant was kept off of work. On March 31, 2014, the applicant presented to the emergency department reporting a flare of neck pain, ear pain and headaches, 9/10. The applicant was apparently given either injectable or intravenous Dilaudid in the emergency department setting.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management topic; When to Discontinue Opioids topic; When to Continue Opioids t.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off of work, on total temporary disability. The attending provider has, furthermore, failed to identify any quantifiable decrements in pain or material improvements in function achieved as result of ongoing Norco usage. It is further noted that page 78 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that prescriptions for opioids should be obtained from a single prescriber. Here, however, the applicant has apparently been presenting to the emergency department quite frequently to obtain medication refills, the applicant's primary treating provider has acknowledged, a violation of his opioid contract. Page 79 of the MTUS Chronic Pain Medical Treatment Guidelines also suggests immediate discontinuation of opioids in applicants who are abusing illicit drugs and/or alcohol. In this case, several progress notes, referenced above, suggested that the applicant was misusing/overusing alcohol. All of the foregoing, taken together, suggests that discontinuing Norco is a more appropriate option than continuing the same. Therefore, the request is not medically necessary.

**Amrix 30 mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine topic Page(s): 41.

**Decision rationale:** As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of Cyclobenzaprine (Amrix) to other medications is not recommended. The applicant is using a variety of opioid and non opioid agents, including Norco, Butrans, Neurontin, etc. Adding Amrix (Cyclobenzaprine) to the mix is not recommended. Therefore, the request is not medically necessary.

**Butrans 20 mcg patch #4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26. Decision based on Non-MTUS Citation Official Disability Guidelines (updated 03/18/2014): Buprenorphine for chronic pain

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine topic Page(s): 26.

**Decision rationale:** While page 26 of the MTUS Chronic Pain Medical Treatment Guidelines does note that Butrans (buprenorphine) is recommended for the treatment of opioid addiction and as an option in the chronic pain context in applicants who have previously detoxified off of opioids, in this case, however, there was no mention of the applicant's using buprenorphine or Butrans for opioid addiction purposes and/or for opioid weaning/opioid tapering purposes and/or the transitory steps for weaning off of opioids altogether. Rather, it appears that the applicant was intent on employing buprenorphine (Butrans) for chronic pain purposes. This is not an MTUS-endorsed role for Butrans. Therefore, the request is not medically necessary.