

Case Number:	CM14-0039188		
Date Assigned:	06/27/2014	Date of Injury:	03/01/2003
Decision Date:	07/29/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/03/2014

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 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:

According to the records made available for review, this is a 52-year-old female with a 3/1/03 date of injury. At the time (3/5/14) of request for authorization for Norco 10/325 mg #90, Soma 350 mg #30 with 5 refills, and Butrans patches 10 mcg/hr #4 with 5 refills, there is documentation of subjective (severe lower back pain radiating to the bilateral lower extremities with numbness and tingling) and objective (decreased lumbar range of motion, tenderness to palpation over the lumbar facet joints, decreased strength with feet dorsiflexion and inversion, and decreased sensation in the bilateral L4 and L5 dermatomes) findings, current diagnoses (degeneration of lumbar spine, lumbosacral radiculitis, muscle spasms, lumbago, and sciatica), and treatment to date (ongoing therapy with Norco, Soma, and Butrans patch since at least 1/31/13). Regarding Norco 10/325 mg #90, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Norco. Regarding Soma 350 mg #30 with 5 refills, there is no documentation of acute exacerbation of chronic low back pain, short-term (less than two weeks) treatment, and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of use of Soma. Regarding Butrans patches 10 mcg/hr #4 with 5 refills, there is no documentation of opiate addiction and that the patient has a hyperalgesic component to pain; centrally mediated pain; high-risk of non-adherence with standard opioid maintenance; and has previously been detoxified from other high-dose opioids; and functional benefit or improvement as a reduction in

work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Butrans patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of degeneration of lumbar spine, lumbosacral radiculitis, muscle spasms, lumbago, and sciatica. In addition, there is documentation of severe chronic pain. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, despite documentation of ongoing treatment with Norco since at least 1/31/13, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Norco. Therefore, based on guidelines and a review of the evidence, the request for Norco 10/325 mg #90 is not medically necessary.

Soma 350 mg #30 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Soma (Carisoprodol) and Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain).

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that Carisoprodol (Soma) is not recommended and that this medication is not indicated for long term use. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in

activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of diagnoses of degeneration of lumbar spine, lumbosacral radiculitis, muscle spasms, lumbago, and sciatica. In addition, there is documentation of chronic low back pain. However, there is no documentation of acute exacerbation of chronic low back pain. In addition, given documentation of ongoing treatment with Soma since at least 1/31/13, there is no documentation of short-term (less than two weeks) treatment. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of use of Soma. Therefore, based on guidelines and a review of the evidence, the request for Soma 350 mg #30 with 5 refills is not medically necessary.

Butrans patches 10 mcg/hr #4 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 27. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Buprenorphine for Chronic Pain.

Decision rationale: MTUS identifies Buprenorphine is recommended for treatment of opiate addiction and as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation of chronic pain in selected patients with a hyperalgesic component to pain; Patients with centrally mediated pain; Patients with neuropathic pain; Patients at high-risk of non-adherence with standard opioid maintenance; and For analgesia in patients who have previously been detoxified from other high-dose opioids, as criteria necessary to support the medical necessity of Butrans patch. Within the medical information available for review, there is documentation of diagnoses of degeneration of lumbar spine, lumbosacral radiculitis, muscle spasms, lumbago, and sciatica. In addition, there is documentation of chronic pain and neuropathic pain. However, there is no documentation of opiate addiction and that the patient has a hyperalgesic component to pain; centrally mediated pain; high-risk of non-adherence with standard opioid maintenance; and has previously been detoxified from other high-dose opioids. In addition, given documentation of ongoing treatment with Butrans patches since at least 1/31/13, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Butrans patches. Therefore, based on guidelines and a review of the evidence, the request for Butrans patches 10 mcg/hr #4 with 5 refills is not medically necessary.