

Case Number:	CM14-0042037		
Date Assigned:	06/30/2014	Date of Injury:	03/10/2003
Decision Date:	08/29/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	04/08/2014

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 Family Practice 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:

41 yr. old male claimant sustained a work injury on 3/10/03 involving the low back. He had undergone a lumbar spinal fusion and developed a failed back syndrome. He had placement of a spinal cord simulator for chronic pain syndrome. He had been a long-term user of opioids for pain control including Opana . A progress note on 10/1/13 indicated the physician had been slowly tapering the amount of Opana while maintaining function. A progress note on 3/4/14 indicated the claimant had 5/10 pain while on medications. He had been using a Butrans patch for several months which had provided him with relief. The treating physician increased his dose at the time to 20 mcg per hour. In addition he was continued on Norco 10 mg - 6 times daily which he had also taken for several months after reducing the dose of Opana.

IMR ISSUES, DECISIONS AND RATIONALES

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

BUTRONS 20MG #4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: According to the MTUS guidelines, Buprenorphine is recommended for treatment of opiate addiction. In recent years, buprenorphine has been introduced in most

European countries as a transdermal formulation ("patch") for the treatment of chronic pain. In this case, the claimant had been functional on a lower dose of Butrans patch. In addition, there are limited studies to support the use of the patch. There is no indication of current opioid dependence management. Therefore the use of Butrans patch is not medically necessary.

NORCO 10/325 MG #180: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-92.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines it is not indicated at 1st line therapy for neuropathic pain, and chronic back pain . It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. In this case, the claimant had been on High dose Opioids for over a year with continued pain and difficulty in function. The use of Norco is therefore not medically necessary.