

<b>Case Number:</b>	CM14-0099132		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	01/26/2012
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/27/2014

### 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 Physical Medicine and Rehabilitation 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 injured worker is a 50-year-old male with a reported date of injury of 01/26/2012. The mechanism of injury was a motor vehicle accident. His diagnoses were noted to include cervicalgia, right shoulder rotator cuff tear, and right wrist carpal tunnel syndrome. His previous treatments were noted to include physical therapy, right shoulder surgery, injections to the wrist, wrist braces, and epidural injections. The progress note dated 06/26/2014 revealed the injured worker continued to have cervical spine pain, low back pain, and right hand pain without radiculopathy. The medications were noted to include Flexeril, Norco, and metformin. The physical examination of the cervical spine had tenderness and muscle spasms and at the suprascapular/trapezius musculature as. The muscle strength to the neck was noted to be normal and deep tendon reflexes were equal bilaterally. The lumbar examination was noted to be normal with no tenderness to palpation. There was a decreased range of motion and normal sensation. The motor strength examination was normal and deep tendon reflexes were equal bilaterally. The shoulder examination was shown to be normal and with some atrophy to the right infraspinatus. There was tenderness noted to the right subscapular, right acromioclavicular, right subacromial and popping to the right acromioclavicular joint. There was decreased range of motion noted to the right shoulder and positive impingement, painful arc, Hawkins sign, O'Brien's test, and hyperabduction tests were noted to be positive. The physical examination of the knee noted tenderness to the right knee over the medial compartment and slight tenderness with patellofemoral compression. The strength was noted to be 5/5 and reflexes were symmetric at the patella and Achilles. The Request for Authorization form dated 06/03/2014 was for Norco 5/325 mg #60 with 1 refill and Butrans patch 5 mcg #4 with 1 refill; however, the provider's rationale was not submitted with in the medical records.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325mg #60 with 1 refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

**Decision rationale:** The injured worker has been utilizing this medication since at least 09/2013. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation pain relief, functional status, appropriate medication use, and side effects. The guidelines also state that the 4 As for ongoing monitoring (including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors) should be addressed. There is a lack of documentation regarding evidence of decreased pain on numerical scale with the use of medications, improved functional status, and side effects. The documentation did not indicate the injured worker had not shown any aberrant drug-taking behaviors and it is unclear as to whether the injured worker has had consistent urine drug screens and when the last test was performed. Therefore, due to the lack of evidence regarding significant pain relief, increased function, adverse effects, and without details regarding urine drug testing to verify appropriate medication use, and the absence of aberrant behavior, the ongoing use of opioid medications is not supported by the guidelines. Additionally, the request failed to provide the frequency at which this medication is to be utilized. As such, the request is not medically necessary.

**Butrans patch 5mcg/hr #4 with 1 refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 27-28.

**Decision rationale:** The injured worker complained of chronic pain. The California Chronic Pain Medical Treatment Guidelines recommend buprenorphine for the treatment of opioid addiction. Buprenorphine is also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opioid addiction. The guidelines recommend buprenorphine as a treatment of opioid agonist dependence. There is a lack of documentation regarding the injured worker having opioid dependence or withdrawal to warrant buprenorphine. Additionally, the request failed to document the frequency at which this medication was to be utilized. Therefore, the request is not medically necessary.

