

<b>Case Number:</b>	CM14-0108235		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	02/03/2005
<b>Decision Date:</b>	01/07/2015	<b>UR Denial Date:</b>	06/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/11/2014

### 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 Medicine and is licensed to practice in North Carolina. 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 patient has a reported date of injury of 02/03/05. The patient has the diagnoses of left shoulder pain and complex regional pain syndrome. The patient has had reported surgeries including left shoulder arthroscopic debridement of the labrum, anterior capsulorrhaphy with thermally assisted coagulator, subacromial decompression with acromioplasty and release of coracoacromial ligament, left shoulder manipulation and dual percutaneous dorsal column stimulator therapy with stem lead placement. There are no included progress notes from the requesting physician or any treating physician provided for review. Previous utilization review from 04/30/2014 did not certify Butrans and partial certification for Norco for weaning purposes.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continued Burtans patch 10 mcg per hour:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-84.

**Decision rationale:** There is no evidence to recommend one opioid over another. In patients taking opioids for back pain, the prevalence of lifetime substance use disorders has ranged from

36% to 56% (a statistic limited by poor study design). Limited information indicated that up to one-fourth of patients who receive opioids exhibit aberrant medication-taking behavior. There are three studies comparing Tramadol to placebo that have reported pain relief, but this increase did not necessarily improve function. The long-term use of this medication is not recommended unless certain objective outcome measures have been met as defined above. There is no provided objective outcome measure that shows significant improvement in function while on the medication or a return to work. There is no objective documentation of pain improvement such as VAS scores. In the absence of any documentation, there is no way to verify outcomes measures for continued use of the medication. Therefore the request is not medically necessary.

**Continued Butrans patch 20 mcg per hour:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-84.

**Decision rationale:** There is no evidence to recommend one opioid over another. In patients taking opioids for back pain, the prevalence of lifetime substance use disorders has ranged from 36% to 56% (a statistic limited by poor study design). Limited information indicated that up to one-fourth of patients who receive opioids exhibit aberrant medication-taking behavior. There are three studies comparing Tramadol to placebo that have reported pain relief, but this increase did not necessarily improve function. The long-term use of this medication is not recommended unless certain objective outcome measures have been met as defined above. There is no provided objective outcome measure that shows significant improvement in function while on the medication or a return to work. There is no objective documentation of pain improvement such as VAS scores. In the absence of any documentation, there is no way to verify outcomes measures for continued use of the medication. Therefore the request is not medically necessary.

**Norco 10/325 mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use for a therapeutic trial of opioids and Recommendations.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-84.

**Decision rationale:** There is no evidence to recommend one opioid over another. In patients taking opioids for back pain, the prevalence of lifetime substance use disorders has ranged from 36% to 56% (a statistic limited by poor study design). Limited information indicated that up to one-fourth of patients who receive opioids exhibit aberrant medication-taking behavior. There are three studies comparing Tramadol to placebo that have reported pain relief, but this increase did not necessarily improve function. The long-term use of this medication is not recommended unless certain objective outcome measures have been met as defined above. There is no provided objective outcome measure that shows significant improvement in function while on the

medication or a return to work. There is no objective documentation of pain improvement such as VAS scores. In the absence of any documentation, there is no way to verify outcomes measures for continued use of the medication. Therefore the request is not medically necessary.