

<b>Case Number:</b>	CM14-0147564		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	10/08/2004
<b>Decision Date:</b>	01/28/2015	<b>UR Denial Date:</b>	08/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2014

### 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 Physical Medicine Rehabilitation, has a subspecialty in Pain 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 injured worker is a 38 year-old male with a date of injury of October 8, 2004. The patient's industrially related diagnoses include degeneration of cervical intervertebral disc disease, chronic pain, and degenerative disc disease of the lumbar spine. The disputed issues are 1 prescription of Butrans patch 15mg #4 with 3 refills and 1 prescription of Norco 10/325mg #100 with 3 refills. A utilization review determination on 8/15/2014 had modified the certification for these requests. The stated rationale for the partial-certification of Butrans was: "A review of the records indicate that he has used Butrans for some time and, although it was reported as not being helpful, currently it appears to be helping especially as Norco is being tapered. He reports pain relief from 10/10 without medication to 7-8/10 with medication. However, as the patient should be continued on this medication 3 refills are not indicated. Therefore based on the review of the available records and cited guidelines, the prospective request for 1 prescription Butrans patch 15mcg #4 with 3 refills is certified with medication to Butrans patch 15mg #4 with 0 refills." The stated rationale for the partial certification of Norco was: "Review of the available records indicate that he has been taking Norco at #120 and the provider is now requesting #100 for tapering. As he is having ongoing, worsening pain with use of Butrans and Norco, a slow taper of the short acting opioid is indicated. As the provider has determined weaning is appropriate, the prescription is appropriate, however as monitoring is required, the request for refills is not indicated. Therefore, based on the review of the available records and the cited guidelines, the prospective request for 1 prescription Norco 10/325mg #100 with 3 refills is certified with modification to 1 prescription Norco 10/325mg #100 with 0 refills."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One prescription of Butrans patch 15mg #4 with 3 refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75-80.

**Decision rationale:** Butrans Patch 15ug/hr is a Scheduled III opioid that is recommended for moderate to severe pain. In regard to the use of Butrans, the California Chronic Pain Medical Treatment Guidelines state the following about on-going management with opioids: "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs". Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. In the progress report dated 8/7/2014, there was documentation that the medication was improving the injured worker's function and helping the pain without causing any adverse side effects. The prescribing physician indicated that the Butrans 15mcg was helping a little more. The discussion regarding possible aberrant drug-related behavior identified that there was a signed pain management agreement contract on file and that a periodic urine drug screen (UDS) was completed. Based on the documentation, the Butrans Patch is recommended for this injured worker. However, since Butrans is an opiate medication that needs close monitoring, patients who are managed with this controlled substance should be seen regularly. The records indicate that the injured worker was to follow up in 6 weeks therefore the request for 3 additional refills is not medically necessary. Unfortunately, there is no provision to modify the current request to allow for the prescription without refills. In light of the above issues, the currently requested Butran patch 15 mcg #4 with 3 refills is not medically necessary. The requested treatment is not medically necessary and appropriate.

**One prescription of Norco 10/325mg #100 with 3 refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75-80.

**Decision rationale:** Regarding the request for Norco (hydrocodone/acetaminophen), Chronic Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use.

Furthermore, the DEA has reclassified Norco as of October 6, 2014 as a Schedule II Controlled Medication. Because of this reclassification, refills are not allowed, and closer monitoring is encouraged. In the progress report dated 8/7/2014, there was documentation that the medication was improving the injured worker's function and helping the pain without causing any adverse side effects. The discussion regarding possible aberrant drug-related behavior identified that there was a signed pain management agreement contract on file and that a periodic urine drug screen (UDS) was completed. However, the prescribing physician stated that pain was worse this month. Norco was prescribed for a smaller quantity for weaning but three refills were added. While the request for Norco #100 is recommended according to the guidelines, the additional 3 refills are not medically necessary as the medication is being reduced and with the new classification to schedule II, refills are no longer valid. Unfortunately, there is no provision to modify the current request to allow for the prescription without refills. In light of the above issues, the currently requested Norco 10/325mg #100 with 3 refills is not medically necessary. The requested treatment is not medically necessary and appropriate.