

Case Number:	CM14-0186350		
Date Assigned:	11/14/2014	Date of Injury:	05/04/2006
Decision Date:	01/02/2015	UR Denial Date:	11/01/2014
Priority:	Standard	Application Received:	11/10/2014

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 Occupational 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:

This is a 60-year old male patient with a date of injury on 5/4/2006. In a progress note dated 10/17/2014, the patient stated that his quality of life had improved, activity level had increased, and that medications were less effective. Objective findings: surgical scar on inspection of cervical spine, range of motion of cervical spine was restricted with flexion limited to 10 degrees, extension of cervical spine was limited to 10 degrees, and spinous process tenderness was noted on C4-C6. In a progress note dated 9/22/2014, the recommendation was to wean the patient off Norco, and to request approval for Butrans patch. The diagnostic impression showed cervical spondylosis, cervical facet arthropathy, cervicgia, lumbar disc degeneration, lumbar spondylosis without myelopathy, and lumbar/thoracic radiculopathy. Treatment to date: medication management, behavioral modification, surgery. A UR decision dated 10/31/2014 denied the request for Butrans patch 5mcg #4, and modified Norco 7.5/325mg #60 to #36. Both requests pertained to dates 10/20/2014 through 12/28/2014. Regarding Butrans patch 5mcg #4, the rationale provided regarding the denial was that although this patient had a long history of opiate analgesic use, at least 8 urine drugs screens since 2012 have failed to detect opiod mediations in patient's system. Regarding Norco 7.5/325mg #60, the rationale provided regarding the denial was that this patient has been on Norco long term, and recommendations for weaning date back to at least 2011. At least 8 urine drug screens since 2012 have tested negative for opioids, indicating medication misuse and that opioids were not indicated for this patient. The most recent request on 9/2014 for Norco #60 was modified to #48. Thus, the provider's prospective request was certified with #36 tablets of Norco with the remaining #24 tablets non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans patch 5mcg #4: 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): 26-27. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:FDA: Butrans

Decision rationale: CA MTUS states that Butrans patches are recommended for treatment of opiate addiction. It recommends Butrans patches as an option for treatment of chronic pain, especially after detoxification in patients who have a history of opiate addiction The FDA states that Butrans is indicated for the management of moderate to severe chronic pain in patients requiring a continuous, around-the-clock opioid analgesic for an extended period; with a black box warning identifying that buprenorphine patches are linked to a risk for misuse, abuse, and diversion, particularly in patients with a history of substance abuse or mental illness. However, in the documentation provided, there was no discussion regarding this patient being addicted to opiates. In fact, 8 urine drug screens from 2012 failed to demonstrate compliance to opiates. It was unclear if this patient was a clear candidate for opiate treatment. Therefore, the request for Butrans patch 5mcg #4 was not medically necessary.

Norco 7.5/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, in the 10/17/2014 progress report, there was no documentation of objective functional improvement noted from the opioid regimen. The patient also reported that his medications were less effective. Furthermore, in the 9/22/2014 progress report, the recommendation was to wean this patient off opiates. No evidence of weaning was found in the 10/17/2014 progress report. Therefore, the request for Norco 7.5/325mg #60 was not medically necessary.