

<b>Case Number:</b>	CM14-0196368		
<b>Date Assigned:</b>	12/03/2014	<b>Date of Injury:</b>	03/14/2012
<b>Decision Date:</b>	01/21/2015	<b>UR Denial Date:</b>	11/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2014

### 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 Rehab, has a subspecialty in Interventional Spine 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 patient is a 57 year old male with an injury date of 03/14/12. The 10/28/14 progress report states that the patient presents with headaches and neck pain radiating with numbness into the right arm along with lower back pain radiating to the left toes with numbness. Pain is rated 8/10 without medications. The patient may work with restrictions 4 of 8 hours. It is unclear if the patient is currently working. Examination shows tenderness over the lumbar paraspinal muscles with muscle spasms with decreased light touch throughout the right lower extremity. The patient's diagnoses include: 1. Neck pain. 2. Cervical disc disease. 3. Low back pain. 4. Lumbar disc disease. 5. Lumbar spondylolisthesis. 6. Lumbar radiculitis. On 10/28/14 the treater states he is not taking pain medications as they have not been authorized. The treater provided Nucynta (an opioid) to the patient and states the patient was able to fill a one month prescription of Norco and has been taking Motrin and Aleve. The patient states use of Nucynta was effective in reducing pain; however, it was necessary to reduce dosage due to utilization review decision. The treater is starting Horizant (Gabapentin) and will continue Ibuprofen. The treater further states on 10/28/14, "The patient had an epidural steroid injection on 06/11/13 which relieved his pain by about 50%. He is getting desperate and he would like to get a repeat lumbar epidural steroid injection since the medications are not being approved by the insurance company." The utilization review being challenged is dated 11/10/14. The rationale is that use of Butrans is for use only if there is need for opioids and dependence issues. The patient was reported to be weaned off Norco without difficulty and restarting opioids is not supported. Reports were provided from 01/10/13 to 10/28/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Butrans DIS 10 mcg/hr #4 (MED=60): Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Page(s): 26, 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 88 and 89, 78.

**Decision rationale:** MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief." The reports show the long term use of opioids by this patient through use of Nucynta and Norco since at least January 2014. The treater does not discuss this medication in the reports provided. It appears the patient is just starting Butrans Patch. The 09/02/14 report states, "The patient states that his pain was well controlled on Nucynta ER. However, we were forced to reduce the dose of Nucynta." The report further states dose was reduced due to a utilization review decision and that the patient did well on the lower dose. The patient is to discontinue Nucynta, start Norco for one month before reducing dosage of Norco for one month and continuing to slow taper use of opioids. Pain is routinely assessed through the use of pain scales on all of the reports. The patient is approved for modified duty 4 of 8 hours; however, it is unclear if the patient is actually currently working. The treater states the following regarding ADL's on 10/28/14, "When he was on Nucynta ER he could walk farther. He was also helping his wife with some of the household chores such as folding the clothes, without any pain medications, he is not able to do anything around the house at all." Opiate management issues are partly addressed. The treater cites a 03/20/14 opioid treatment agreement with the patient. A 06/05/14 Urine toxicology report is provided that shows an anticipated positive (present) for Nucynta and inconsistent results detected for both Hydrocodone and Norhydrocodone. The reports do show Hydrocodone (Norco) use but not Norhydrocodone use by this patient. The 04/15/14 report cites a 01/09/14 UDS and states the presence of Tapentadol is consistent and explains that Hydrocodone was not detected as expected due to the patient's intermittent use of Norco. On 08/04/14 the treater states, "The pain medications are helping. He denies adverse reaction to the pain medication. He does not exhibit aberrant behavior. He does not report adverse reaction to the pain medication." In this case, it would appear the treater has prescribed Butrans as the patient is being tapered off of opiates, and still requires pain management. MTUS supports use of this medications for opiate dependent issues and when opiates are tapered off/down. Trial of Butrans, therefore, would appear reasonable. The request is medically necessary.