MAXIMUS Federal Services

Case Number:	CM15-0000397		
Date Assigned:	01/12/2015	Date of Injury:	10/20/2004
Decision Date:	03/11/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/02/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Texas, Florida
Certification(s)/Specialty: Anesthesiology, Pain Management

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 73 year old female, who sustained an industrial injury on 10/20/2004. On 12/12/2014 it was documented that the injured worker was using her Butrans Patch and reported that it was moderately controlling her pain, but not completely. She has taken her Norco between medications and is now taking one tab every 1-2 days for pain relief of her neck and right upper extremity pain. She denies any neurological deficits. December 22, 2014 Orthopedic Re-evaluation of her cervical spine and right upper extremity radiculopathy noted that the injured worker continues to have 60% improvement in pain following cervical epidural. However, she continued to have sharp radiating pain in the right upper extremity, strength and range of motion were fair, and her stability was poor with numbness and tingling. The documentation noted that the Magnetic Resonance Imaging (MRI) from 10/7/14 noted loss of cervical lordosis, moderate to moderate to severe multi-level degenerative disc disease, most significant at C5-6, C6-7; bilateral discogenic disease and severe foraminal stenosis, greater on the right at C5-6; 2-mm disc protrusion/end plate complex marginally accentuated to left at C6-7 with severe left foraminal stenosis; abnormal appearing, also lobulated mass in upper airway on the right. Electromyogram was consistent with right C6 radiculopathy. The injured worker was to continue full time light duty, continue medications as directed, and return in one week for evaluation. The medications listed are Norco, Butrans, Celebrex, Topamax and Lyrica for pain. According to the utilization review performed on 12/33/2014, the request for Butrans patch 15mcg/hr Q 7 days #4 and Norco 10/325mg, QD #30 have been modified. Butrans patch 15mcg/hr Q 7 days #4 has been modified to 15mcg/hr Q7 days x one (1) month to allow for documentation or weaning.

Norco 10/325mg, QD #30 has been modified to 10/325mg x one (1) month to allow for documentation of weaning. CA MTUS Chronic Pain Medical Guidelines were used.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans patch 15mcg/hr Q 7 days #4: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 26-27. Decision based on Non-MTUS Citation Pain Chapter Opioids

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of exacerbation of musculoskeletal pain that did not respond to standard treatments with NSAIDs and PT. The chronic use of opioids is associated with the development of tolerance, dependency, addiction, sedation, and adverse interactions with other sedatives. The risks are significantly increased in the elderly when multiple opioids and sedatives are being utilized concurrently. The records indicate that the patient is utilizing Butrans and Norco with other medications with sedative properties. The guidelines recommend that Butrans, a partial agonist can be utilized in patients with a history of addiction or past detox treatments because of its better compliance and ceiling effect profile. The records did not show that the patient had a history of addiction. The utilization of Butrans with pure agonist is associated with decreased maximum analgesic effect. The patient did not report significant pain relief with utilization of Butrans. There is no documentation of guidelines required compliance measures such as UDS, functional restoration and absence of aberrant behavior. The criteria for the use of Butrans 15mcg/hr d 7 days #4 was not met.

Norco 10/325mg, QD #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 74-96. Decision based on Non-MTUS Citation Pain Chapter Opioids

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of exacerbation of musculoskeletal pain that did not respond to standard treatments with NSAIDs and PT. The chronic use of opioids is associated with the development of tolerance, dependency, addiction, sedation, and adverse interactions with other sedatives. The risks are significantly increased in the elderly when multiple opioids and sedatives are being utilized concurrently. The records indicate that the patient is utilizing Butrans and Norco with other medications with sedative properties. There was documentation of significant pain relief after interventional pain procedures. The patient also reported significant pain relief with utilization of hydrocodone. There is no documentation of adverse effects or aberrant medication

behavior with utilization of the hydrocodone medication. The criteria for the use of Hydrocodone /APAP 10/325 #30 were met.