MAXIMUS Federal Services

| Case Number: | CM15-0106896 | | |
|---|---|---|---|
| Date Assigned: | 06/11/2015 | Date of Injury: | 06/30/2010 |
| Decision Date: | 07/13/2015 | UR Denial Date: | 05/27/2015 |
| Priority: | Standard | Application Received: | 06/03/2015 |

## 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: California
Certification(s)/Specialty: Emergency Medicine

## 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 67 year old female with an industrial injury dated 06/30/2010. The injured worker's diagnoses include lumbar facet syndrome, degenerative changes in both facet joints (left greater than right), TIA (transient ischemic attack) versus CVA (cerebrovascular accident) on 10/04/2012, and status post DRDB (double stranded RNA binding domain) of the left lumbar spine at L3-L5. Treatment consisted of Magnetic Resonance Imaging (MRI) of the lumbosacral spine, prescribed medications, and periodic follow up visits. In a progress note dated 05/19/2015, the injured worker reported back pain with back stiffness, numbness in left leg, radicular pain in the left leg and hip pain. The injured worker rated pain a 3/10. Objective findings revealed pain with Valsalva bilateral, positive FABER on left, pain to palpation over the left L3-S1 facet capsules, pain with rotational extension indicative of bilateral facet capsular tears and positive stork test on the left. The treating physician prescribed Norco 10/325mg, #90 and Butrans patch 15mcg/hr, #4 with 3 refills now under review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg, #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Opioids for chronic pain; Opioids for neuropathic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82 Page(s): 78-82.

**Decision rationale:** The requested Norco 10/325mg, #90, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has back pain with back stiffness, numbness in left leg, radicular pain in the left leg and hip pain. The injured worker rated pain a 3/10. Objective findings revealed pain with Valsalva bilateral, positive FABER on left, pain to palpation over the left L3-S1 facet capsules, pain with rotational extension indicative of bilateral facet capsular tears and positive stork test on the left. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Norco 10/325mg, #90 is not medically necessary.

**Butrans patch 15mcg/hr, #4 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Opioids for chronic pain; Opioids for neuropathic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines page 27- 28, Buprenorphine Page(s): 27-28.

**Decision rationale:** The requested Butrans patch 15mcg/hr, #4 with 3 refills, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, page 27-28, Buprenorphine, note that it is "Recommended for treatment of opiate addiction. Also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction." The injured worker has back pain with back stiffness, numbness in left leg, radicular pain in the left leg and hip pain. The injured worker rated pain a 3/10. Objective findings revealed pain with Valsalva bilateral, positive FABER on left, pain to palpation over the left L3- S1 facet capsules, pain with rotational extension indicative of bilateral facet capsular tears and positive stork test on the left. The treating physician has not documented: the presence or history of opiate addiction or detoxification, derived functional improvement from previous use nor measures of opiate surveillance. The criteria noted above not having been met, Butrans patch 15mcg/hr, #4 with 3 refills is not medically necessary.