

<b>Case Number:</b>	CM15-0141114		
<b>Date Assigned:</b>	07/30/2015	<b>Date of Injury:</b>	04/21/2008
<b>Decision Date:</b>	08/28/2015	<b>UR Denial Date:</b>	07/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/20/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal 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 59 year old male with an industrial injury dated 04-21-2008. The injured worker's diagnoses include status post L4-L5 anterior & posterior fusion, bilateral total hip arthroplasty, bilateral subacromial decompression shoulder, right ankle open reduction internal fixation (ORIF), left knee surgery and post-traumatic stress disorder. Treatment consisted of diagnostic studies, prescribed medications, epidural steroid injections (ESI) and periodic follow up visits. In a progress note dated 07-07-2015, the injured worker reported low back pain rated an 8-9 out of 10. Objective findings revealed well healed surgical scars, significant loss of lordosis on inspection, tenderness at the left central lumbosacral area, and stiffness with pain at extremes of motion. Treatment plan consisted of medication management. The treating physician prescribed Butrans Patch 10mcg x 4 and Naprosyn 500mg #60 now under review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Butrans Patch 10mcg x 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 Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Butrans, Opiates.

**Decision rationale:** Pursuant to the Official Disability Guidelines, Butrans patch 10mcg times 4 is not medically necessary. Butrans is recommended as an option for treatment of chronic pain in selected patients (not a first-line drug). Suggested populations are patients with hyperalgesia complement pain; patients with centrally mediated pain; patients with neuropathic pain; patients at high risk of non-adherence with standard opiate maintenance; and for analgesia in patients who have previously been detoxified from other high-dose opiates. In this case, the injured workers working diagnoses are status post cumulative type trauma, industrial; L4 - L5 decompression and anterior/posterior fusion; bilateral total hip arthroplasty; bilateral subacromial decompression shoulders; left knee arthroscopy; posttraumatic stress disorder. The date of injury is April 21, 2008. The request for authorization is July 7, 2015. According to a July 7, 2015 progress note, the worker was taking OxyContin and oxycodone that was replaced with Suboxone, Soma and gabapentin. The discussion section suggests Butrans was already prescribed to the injured worker for breakthrough pain. The documentation indicates Suboxone causes sleepiness. There is no clinical rationale for a long acting round-the-clock opiate (Butrans). The discussion section is not clear because it indicates the injured worker was already taking Butrans and the latter part of the discussion section states Butrans may better served the injured worker. Additionally, the documentation does not reflect the strength of Butrans to be prescribed. Consequently, absent clinical documentation with a clear clinical indication and rationale for Butrans, Butrans patch 10mcg times 4 is not medically necessary.

**Naprosyn 500mg #60:** 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 NSAI Page(s): 22, 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, NSAI.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Naprosyn 500 mg #60 is not medically necessary. Non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. There appears to be no difference between traditional non-steroidal anti-inflammatory drugs and COX-2 non-steroidal anti-inflammatory drugs in terms of pain relief. The main concern of selection is based on adverse effects. In this case, the injured worker's working diagnoses are status post cumulative type trauma, industrial; L4 - L5 decompression and anterior/posterior fusion; bilateral total hip arthroplasty; bilateral subacromial decompression shoulders; left knee arthroscopy; posttraumatic stress disorder. The date of injury is April 21, 2008. The request for authorization is July 7, 2015. According to a July 7, 2015 progress note, the injured worker was taking OxyContin and oxycodone that was replaced with Suboxone, Soma and gabapentin. The discussion section suggests Butrans was already prescribed to the injured worker for breakthrough pain. A progress note dated January 26, 2015 shows the treating provider prescribed Naprosyn 250 mg bid. The documentation does not demonstrate objective functional improvement to support ongoing Naprosyn in the subsequent documentation. The treating provider does not indicate the strength of Naprosyn in the July 7, 2015 progress note discussion section. There is no clinical rationale for increasing Naprosyn to

500 mg. Non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Consequently, absent clinical documentation demonstrating objective functional improvement to support ongoing Naprosyn, a clinical rationale for increasing Naprosyn 500 mg and guideline recommendations for non-steroidal anti-inflammatory drugs recommended at the lowest dose for the shortest period, Naprosyn 500 mg #60 is not medically necessary.