

<b>Case Number:</b>	CM15-0147436		
<b>Date Assigned:</b>	08/10/2015	<b>Date of Injury:</b>	02/09/2010
<b>Decision Date:</b>	09/23/2015	<b>UR Denial Date:</b>	07/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 30 year old male who sustained an industrial injury on 02-08-10. Initial complaints and diagnoses are not available. Treatments to date include medications and back surgery. Diagnostic studies are not addressed. Current complaints include pain in the lower back radiating to the left lower extremity. Current diagnoses include chronic low back pain, degenerative disc disease of lumbosacral spine, failed back, lumbar radiculopathy and nonindustrial hypertension. In a progress note dated 06-30-15 the treating provider reports the plan of care as medications including Butrans patches, Norco and Lyrica, as well as home exercise program. The requested treatment includes Butrans patches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Butrans patch 20 mcg Qty 4 with 2 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26-27.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26.

**Decision rationale:** The claimant sustained a work injury in February 2010 and continues to be treated for radiating low back pain. Medications are referenced as decreasing pain from 9/10 to 3-4/10. In April 2015 Norco was being prescribed at a total (MED of 40 mg per day). Butrans was prescribed and his Norco dose was decreased. The total MED remained at 40 mg per day. When seen, there was decreased and painful lumbar spine range of motion. There was lumbar tenderness and positive straight leg raising. There was an antalgic gait with use of a cane. Left lower extremity reflexes were decreased. Butrans and Norco were prescribed, now at a total MED of 60 mg per day. Butrans (buprenorphine) is recommended as an option for treatment of chronic pain in select patients such as a patient with a hyperalgesic component to their pain, centrally mediated pain, neuropathic pain, for a patient at high risk of non adherence with standard opioid maintenance, or for analgesia in a patient who has previously been detoxified from other high dose opioids. In this case, there is no history of detoxification from high dose opioids or identified high risk of non adherence. There is no definite hyperalgesia component and there are other preferred treatments for neuropathic pain and other sustained release opioid medications available. The request is not medically necessary.

**Norco 10/325 mg Qty 60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, (2) Opioids, dosing Page(s): 76-80, 86.

**Decision rationale:** The claimant sustained a work injury in February 2010 and continues to be treated for radiating low back pain. Medications are referenced as decreasing pain from 9/10 to 3-4/10. In April 2015 Norco was being prescribed at a total (MED of 40 mg per day. Butrans was prescribed and his Norco dose was decreased. The total MED remained at 40 mg per day. When seen, there was decreased and painful lumbar spine range of motion. There was lumbar tenderness and positive straight leg raising. There was an antalgic gait with use of a cane. Left lower extremity reflexes were decreased. Butrans and Norco were prescribed, now at a total MED of 60 mg per day. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing decreased pain. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.