

<b>Case Number:</b>	CM15-0180758		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	07/30/1998
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	09/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/14/2015

### 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 64 year old female, who sustained an industrial injury on 07-30-1998. She has reported subsequent neck pain, headaches and back pain radiating to the bilateral lower extremities and was diagnosed with degenerative disc disease of the cervical spine with severe disc collapse at C4-C5, C5-C6 and C6-C7, status post lumbar fusion of L3-S1, adjacent segment degeneration of the lumbar spine and lumbar radiculopathy. X-ray of the cervical spine on 02-11-2015 was notable for marked arthritic changes from C4-C7 and x-ray of the lumbar spine on 02-11-2015 was notable for narrowing at L2-L3. Treatment to date has included oral and topical pain medication, caudal epidural steroid injection, cervical radiofrequency ablation, L3-S1 fusion and physical therapy. Documentation shows that Norco and Butrans patch were prescribed at least since 02-11-2015. In a progress note dated 07-30-2015, the injured worker reported neck, upper, mid and low back pain rated as 8 out of 10 without medication and 3-4 out of 10 with medication. The physician noted that Butrans especially helped to reduce restless legs symptoms but that the injured worker continued to experience cramping. The injured worker stated that pain was decreased with the use of Norco and Butrans, that function was improved and without the medication, she would have significant difficulty tolerating even routine activities of daily living. Objective examination findings showed tenderness and guarding of the cervical and lumbar paraspinal musculature, decreased range of motion of the cervical and lumbar spine secondary to pain and positive bilateral straight leg raise. Work status was documented as permanent and stationary. A request for authorization of Norco 10-325 mg quantity of 90 and Butrans 5 mcg per hour quantity of 4 was submitted. As per the 09-02-2015 utilization review,

the requests for Norco 10-325 mg quantity of 90 and Butrans 5 mcg per hour quantity of 4 were non-certified.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Norco 10/325mg quantity 90: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, long-term assessment.

**Decision rationale:** The claimant has a remote history of a work injury occurring in July 1998 and continues to be treated for pain throughout the spine. She has a history of a lumbar spine fusion with subsequent hardware removal followed by another fusion surgery due to adjacent segment degeneration. She had advanced cervical degenerative disc disease. Medications are referenced as decreasing pain from 8/10 to 3-4/10. When seen, she had a normal body mass index. There was decreased cervical and lumbar spine range of motion with tenderness and guarding. Straight leg raising was positive bilaterally. Medications were refilled. Butrans and Norco were being prescribed. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement, that does not mean that they are no longer entitled to future medical care. 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.

#### **Butrans 5mcg/hr quantity 4: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Buprenorphine. Decision based on Non-MTUS Citation ODG Workers Compensation Drug Formulary.

**Decision rationale:** The claimant has a remote history of a work injury occurring in July 1998 and continues to be treated for pain throughout the spine. She has a history of a lumbar spine fusion with subsequent hardware removal followed by another fusion surgery due to adjacent segment degeneration. She had advanced cervical degenerative disc disease. Medications are referenced as decreasing pain from 8/10 to 3-4/10. When seen, she had a normal body mass

index. There was decreased cervical and lumbar spine range of motion with tenderness and guarding. Straight leg raising was positive bilaterally. Medications were refilled. Butrans and Norco were being prescribed. Butrans (Buprenorphine) is recommended as an option for treatment of chronic pain in selected patients such as for analgesia in patients who have previously been detoxified from other high-dose opioids. In this case, there is no history of detoxification from high-dose opioid use. It is not a first-line medication and there are other available sustained release opioid medications available. Butrans is not considered medically necessary.