

Case Number:	CM15-0182125		
Date Assigned:	09/23/2015	Date of Injury:	02/15/2010
Decision Date:	10/27/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/16/2015

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: New Jersey, New York
 Certification(s)/Specialty: Family Practice

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 57 year old male, who sustained an industrial injury on 2-15-10. He reported pain in the neck, back, bilateral shoulders, bilateral arms, bilateral elbows, and bilateral wrists. The injured worker was diagnosed as having cervical radiculopathy, cervical pain, cervical spondylosis, and post-cervical laminectomy syndrome. Treatment to date has included physical therapy, cervical facet joint injections, discectomy and foraminotomy with fusion at C5- 7, multiple bilateral shoulder surgeries, and medication. Physical examination findings on 9-1- 15 included tenderness to palpation over the cervical paraspinal muscles and decreased cervical range of motion. The injured worker had been taking Norco since March 2015 and Butrans since at least September 2015. On 5-27-15 and 7-22-15, pain was rated as 6-7 of 10. Currently, the injured worker complains of neck and left upper extremity pain. The treating physician requested authorization for Butrans transdermal system 10mcg-patch #4 and Norco 10-325mg #60. On 9-8-15, the requests were non-certified. The utilization review (UR) physician noted "the available documentation does not indicate the claimant is experiencing improved measures of objective functional improvement with activities of daily living or mobility with the current opioid medication regimen."

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans transdermal system 10 mcg-patch Qty: 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, Opioids, criteria for use.

Decision rationale: The request for Butrans is medically unnecessary. According to the MTUS guidelines, buprenorphine is FDA approved to treat opiate addiction. It can be used as an option for chronic pain after detoxification in patients who have a history of opiate addiction. The continued use of opiates requires ongoing review and documentation of pain relief, functional status, and appropriate medication use. Butrans is used for moderate-severe chronic pain, not for breakthrough pain. The patient is also on short-acting Norco. There is no drug plan with documentation of future goals and a plan for weaning off opiates. There was no objective documentation of functional improvement on the other opiates. The patient is also allergic to other opioids. Because of these reasons, the medication is medically unnecessary.

Norco 10/325 mg #60: 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): Opioids, criteria for use.

Decision rationale: The request for Norco is not medically necessary. The patient has been on opiates for extended amount of time without objective documentation of the improvement in pain. There is no documentation of what his pain was like previously and how much Norco decreased his pain. There is no documentation of the four A's of ongoing monitoring: pain relief, side effects, physical and psychosocial functioning, and aberrant drug-related behaviors. There is no drug contract documented. There are no clear plans for future weaning, or goal of care. There was no objective improvement in function. Because of these reasons, the request for Norco is not medically necessary.