

<b>Case Number:</b>	CM15-0183256		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	03/28/2000
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	09/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2015

### 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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 46-year-old male, who sustained an industrial injury on 3-28-00. The documentation on 8-19-15 noted that the injured worker has complaints of low back pain that radiates into his hips and bilateral lower extremities, left worse than right. On a pain scale from 1 to 10, the injured worker rates his pain at a 5 to 6. The injured worker also complains of right shoulder pain aggravated with overhead activities and with the performance of some of his activities of daily living. Tenderness is noted over the lumbar spine and active range of motion of the lumbar spine revealed decreased extension and lateral bending. Right shoulder examination revealed anterior acromial tenderness. Right shoulder active range of motion is decreased in flexion, abduction, adduction, internal rotation and external rotation. magnetic resonance imaging (MRI) of the lumbar spine on 12-5-12 showed disc degeneration is mild from L2-3 through L4-5; L2-3 small right foraminal disc extrusion, moderate right foraminal stenosis and L3-4 small left paramedian disc extrusion, mild left lateral recess stenosis near the left L4 nerve root and moderate bilateral foraminal stenosis. The diagnoses have included status post right wrist fracture with open reduction, internal fixation; status post pelvis fracture with open reduction, internal fixation; status post pelvis fracture; herniated nucleus pulposus of the lumbar spine and status post right shoulder arthroscopy and surgery. Treatment to date has included fracture left wrist with open reduction, internal fixation with carpal tunnel release; right shoulder surgery; butran patch; fluoxetine; gabapentin; norco; naloxone and mobic. The original utilization review (9-4-15) modified the request for norco 10-325 #90 to norco 10-325mg #68

and non-certified the request for butrans 10mcg-hr patch #4. Several documents within the submitted medical records are difficult to decipher.

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

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

#### **Butrans 10 mcg/hr patch #4: 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.

**Decision rationale:** The patient presents with right shoulder, left wrist, low back and buttock pain and popping in the left hip. The current request is for Butrans 10mcg/hr patch #4. The treating physician's report dated 08/25/2015 (60B) states, "I feel that the patient would benefit from trial of a Butrans patch to reduce his need for short-acting agents, including medications that contain acetaminophen". I would recommend Butrans for this patient as this medication is absorbed through the skin through a transdermal delivery system, bypassing the intestinal tract and reducing the risk of nausea and constipation. It also provides a much more even delivery of medication and achieves steady blood concentration levels, making pain control much more even, which then allows the patient to engage in activity that he would otherwise be unable to do. "If the patch is effective, he is instructed to reduce his use of Norco." The patient is temporarily partially disabled. The MTUS Guidelines page 76 to 78 under criteria for initiating opioids recommend that reasonable alternatives have been tried, considering the patient's likelihood of improvement, likelihood of abuse, etc. MTUS goes on to states that baseline pain and functional assessment should be provided. Once the criteria have been met, a new course of opioids may be tried at this time. Medical records do not show a history of Butrans patch use. The patient's current list of medications includes Meloxicam, Neurontin, Prozac and Norco. In this case, the physician would like to trial Butrans patch to determine its efficacy in terms of pain relief and functional improvement. The current request is medically necessary.

#### **Norco 10/325mg #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.

**Decision rationale:** The patient presents with right shoulder, left wrist, low back and buttock pain and popping in the left hip. The current request is for Norco 10/325mg #90. The treating physician's report dated 08/25/2015 (60B) states, "He rates his pain level as 8-9/10 in intensity, but is reduced to a 3-4/10 with use of his medications. The medications improve his ability to tolerate activity, noting that he is able to walk, sit, stand and sustain activity for longer periods

of time. Without the medications, he would not be able to participate in his therapeutic exercises and would take significantly longer to perform even small household tasks". The patient states that his pain is decreased and his function is improved with the use of this medication and without them, he would have significant difficulty tolerating even routine activities of daily living. He denies negative side effects with the medication, including sedation, cognitive impairment, or constipation. There are no aberrant drug behaviors and he uses the medications as prescribed. The urine drug screen from 06/01/2015 (44B) show consistent results to prescribed medications. The patient is temporarily partially disabled. For chronic opiate use, the MTUS guidelines page 88 and 89 on criteria for use of opioids states, "pain should be assessed at each visit, and functioning should be measured at six-month intervals using a numerical scale or validated instrument." MTUS page 78 On-Going Management also require documentation of the 4A's including analgesia, ADLs, adverse side effects, and aberrant drug seeking behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medications to work, and duration of pain relief. The MTUS page 90 notes that a maximum dose for Hydrocodone is 60mg/day. In this case, the physician has documented the 4A's required by the MTUS guidelines for continued opiate use. The current request is medically necessary.