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| <b>Case Number:</b>   | CM15-0185077 |                              |            |
| <b>Date Assigned:</b> | 09/25/2015   | <b>Date of Injury:</b>       | 05/14/2003 |
| <b>Decision Date:</b> | 11/10/2015   | <b>UR Denial Date:</b>       | 08/25/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/21/2015 |

### 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 54 year old female, who sustained an industrial-work injury on 5-14-03. She reported initial complaints of neck, shoulder pain and headaches due to cumulative trauma. The injured worker was diagnosed as having degenerative disc disease, C4-5 and C5-6, cervical spondylosis without myelopathy, left ulnar nerve neuropathy, right carpal tunnel syndrome, fibromyalgia, and arthritis. Treatment to date has included medication, home exercise program, physical therapy, surgeries (left, right shoulder surgery, left ulnar transposition, right cubital tunnel release), H-wave stimulator, wrist brace, transcutaneous electrical nerve stimulation (TENS) unit, blocks, and radiofrequency ablation. Currently, the injured worker complains of pain in neck, shoulders, bilateral upper extremities, upper back, lower back, hips, and bilateral lower extremities. Pain was rated 10 out of 10 without mediation and reduced to 7 out of 10 with medications. Medication improved activity level and tolerance to exercises. Meds include Norco 10-325 mg, and Butrans 20 mcg-hr and Lyrica 150 mg. Current MED is at 160. Urine drug screen on 7-17-15 was consistent with prescribed medication. Per the primary physician's progress report (PR-2) on 7-30-15, exam noted no acute distress and no exaggerated pain behaviors. The Request for Authorization requested service to include Norco 10/325mg #120 and Butrans 20mcg-hr #4. The Utilization Review on 8-25-15 modified the request for Norco 10-325 mg #120 1 tab po q 6 hr -30 day supply for weaning and Butrans 20 mcg-hr 30 day supply for weaning, per CA MTUS (California Medical Treatment Utilization Schedule), Chronic Pain Medical Treatment Guidelines 2009 and Official Disability Guidelines (ODG), Pain Chapter, Opioids for chronic pain.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Norco 10/325mg #120:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Opioids for chronic pain.

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

**Decision rationale:** The claimant sustained a work injury in May 2015 and is being treated for neck, mid and low back, shoulder, and bilateral upper extremity and lower extremity pain. Her injury occurred when she was lifting boxes and the box slipped and fell. She was struck on the head and had a twisting injury. When seen, medications were decreasing pain from 10/10 to 7/10 with improved activity tolerance. Normal vital signs were recorded. Butrans and Norco were being prescribed. The total MED (morphine equivalent dose) was 80 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 and improved activities of daily living and activity tolerance. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing is medically necessary.

### **Butrans 20mcg/hr #4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

**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 and Other Medical Treatment Guidelines Butrans prescribing information.

**Decision rationale:** The claimant sustained a work injury in May 2015 and is being treated for neck, mid and low back, shoulder, and bilateral upper extremity and lower extremity pain. Her injury occurred when she was lifting boxes and the box slipped and fell. She was struck on the head and had a twisting injury. When seen, medications were decreasing pain from 10/10 to 7/10 with improved activity tolerance. Normal vital signs were recorded. Butrans and Norco were being prescribed. The total MED (morphine equivalent dose) was 80 mg per day. Butrans is

reserved for use in patients for whom alternative treatment options including immediate-release opioids are ineffective, not tolerated, or would be otherwise inadequate to provide sufficient management of pain. It is a partial agonist with a very high affinity for the opioid receptor. It is not a first-line medication. Prescribing Butrans with another opioid medication such as Norco (hydrocodone) would be expected to decrease the efficacy of the Norco and there are other available sustained release opioid medications that could be considered. Prescribing Butrans is not appropriate and is not medically necessary.