

Case Number:	CM15-0185952		
Date Assigned:	09/28/2015	Date of Injury:	10/09/2012
Decision Date:	11/10/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	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: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 73 year old female who sustained an industrial injury October 9, 2012. Past history included L4-5 fusion 2010, partial laminectomy L2, total laminectomy L3, partial laminectomy L4, March 20, 2015, COPD (chronic obstructive pulmonary disease), GERD (gastroesophageal reflux disease) and osteoporosis. According to a treating physician's progress report dated March 3, 2015, the injured worker had tried and failed Nucynta, Tramadol, and Gabapentin. At this time, she was continuing with Butrans patch 10mcg-hr (not specified) and Norco 10-325mg twice a day. She reported these medications are helpful and allow her to remain functioning including working modified duty. She rated her pain 0-3 out of 10 in her back with medication and 7 out of 10 in her leg (unspecified) with medication. According to a treating physician's progress report dated August 17, 2015, the injured worker presented for a follow-up appointment. She reports being back to work for three weeks, with some increased pain that is tolerable at this time. She has undergone physical therapy (5) and found leg abductions increased her pain. The treating physician documented electrodiagnostic studies on June 8, 2015, demonstrated evidence of S1 radiculopathy of the right side; evidence of bilateral fibular motor nerve impingement across the fibular heads; evidence of sensory loss bilaterally. She reports continued numbness of her lower extremities, however, she feels she is becoming stronger going to physical therapy. She rated her lower extremity pain 6 out of 10 and low back pain 3 out of 10. Current medication included Xanax, Cymbalta, Albuterol, Prilosec, Butrans, Singular, Zocor, Celebrex, Zantac, and Prolia. She also takes a variety of vitamins and minerals. Physical examination included; 5'4" and 132 pounds; lumbar-5 out of 5 bilateral lower extremity strength;

sensation reduced bilateral lower extremities; Patrick's sign and Gaenslen's maneuver are negative; healed incision lumbar spine, no erythema; pain with lumbar flexion and extension; straight leg raise is positive bilaterally; normal heel toe gait. Impression is documented as exacerbation of chronic low back pain; lumbar radiculitis. The treating physician documented the injured worker has signed an opioid agreement and receives medication only from his office, meets the 4 A's, completed an opioid risk tool February 12, 2014 and scored 0, indicating low risk, obtained a CURES report on July 23, 2015, that was consistent with history, and underwent urine toxicology June 26, 2015 that was consistent with prescribed treatment. A current toxicology report dated July 1, 2015, is present in the medical record. At issue, is the request for authorization for Butrans and Norco. According to utilization review dated August 25, 2015, the request for Butrans patches 10mcg-hr #4 is non-certified. The request for Norco 10-325mg #60 is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans patches 10mcg/hr #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): Buprenorphine, Opioids, criteria for use.

Decision rationale: With regard to Buprenorphine, the MTUS CPMTG states: "recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction (see below for specific recommendations). A schedule-III controlled substance, buprenorphine is a partial agonist at the mu-receptor (the classic morphine receptor) and an antagonist at the kappa-receptor (the receptor that is thought to produce alterations in the perception of pain, including emotional response). In recent years, buprenorphine has been introduced in most European countries as a transdermal formulation ("patch") for the treatment of chronic pain. Proposed advantages in terms of pain control include the following: (1) No analgesic ceiling; (2) A good safety profile (especially in regard to respiratory depression); (3) Decreased abuse potential; (4) Ability to suppress opioid withdrawal; & (5) An apparent antihyperalgesic effect (partially due to the effect at the kappa-receptor)." Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the '4 A's' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Per the medical records submitted for review, the injured worker rated her pain 6/10 without medications and 3/10 with medications. It was noted that she can walk 20 minutes and stand 15 minutes with opioids and can walk and stand 10 minutes without opioids. She is very active with medications caring for multiple dogs and a garden. Efforts to rule out

aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. UDS report dated 6/26/15 was consistent with prescribed medications. CURES report dated 7/23/15 was appropriate. The injured worker's morphine equivalent dose is below 120. I respectfully disagree with the UR physician's denial based upon a lack of supporting evidence. The request is medically necessary.

Norco 10/325mg #60: 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: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the '4 A's' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Per the medical records submitted for review, the injured worker rated her pain 6/10 without medications and 3/10 with medications. It was noted that she can walk 20 minutes and stand 15 minutes with opioids and can walk and stand 10 minutes without opioids. She is very active with medications caring for multiple dogs and a garden. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. UDS report dated 6/26/15 was consistent with prescribed medications. CURES report dated 7/23/15 was appropriate. The injured worker's morphine equivalent dose is below 120. I respectfully disagree with the UR physician's denial based upon a lack of supporting evidence. The request is medically necessary.