

Case Number:	CM15-0188087		
Date Assigned:	09/30/2015	Date of Injury:	02/15/2006
Decision Date:	11/12/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/24/2015

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

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 57 year old male, who sustained an industrial injury on 2-15-2006. The medical records indicate that the injured worker is undergoing treatment for chronic intractable low back pain secondary to multilevel lumbosacral degenerative disc disease, chronic right hip pain, status post right hip replacement, severe neuropathic pain, major depressive disorder, and chronic pain syndrome. According to the progress report dated 8-21-2015, the injured worker presented with complaints of pain. He notes that he is still continuing to struggle getting his pain medication. The treating physician noted, with the decrease in pain medication, the injured worker is feeling miserable. On a subjective pain scale, he rates his pain 7-8 out of 10. The physical examination of the lumbar spine reveals marked tenderness to palpation over the paraspinal muscles, antalgic gait, and limited range of motion. The current medications are Norco and Butrans patch. There is documentation of ongoing treatment with the above medications since at least 1-8-2015. Previous diagnostic studies include x-rays. Treatments to date include medication management and surgical intervention. As of 6-5-2015, work status was described as permanent and partial disability. The original utilization review (9-8-2015) partially approved a request for Norco #47 (original request was for #120) and Butrans patch #2 (original request was for #4) to allow for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: 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): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The 57 year old patient presents with chronic intractable low back pain secondary to multilevel lumbosacral degenerative disc disease, chronic right hip pain, severe neuropathic pain, major depressive disorder, and chronic pain syndrome, as per progress report dated 08/21/15. The request is for Norco 10/325mg #120. There is no RFA for this case, and the patient's date of injury is 02/15/06. The patient is status post right hip replacement, and his pain is rated at 7-8/10, as per progress report dated 08/21/15. Medications included Norco and Butrans patch. Diagnoses, as per progress report dated 08/28/15, included major depressive disorder and sleep disorder. Diagnoses, as per progress report dated 07/14/15, included hypertension, and psoriasis, sleep disorder, androgen disorder with erectile dysfunction, obesity, and chronic pain. The patient is off work, as per progress report dated 08/28/15. MTUS, criteria for use of opioids section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, criteria for use of opioids section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse 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 medication to work and duration of pain relief. MTUS, criteria for use of opioids section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, medications for chronic pain section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." In this case, Norco is first noted in progress report dated 07/11/12. It is not clear when opioids were initiated. As per progress report dated 08/21/15, the patient is experiencing a flare-up due to denial of Norco. As per progress report dated 06/19/15, the patient is experiencing withdrawal symptoms due to lack of Butrans patch. The treater also states that medications help the patient "to function and he is able to live his life. Without his medication, it is affecting his ability to perform his ADLs." In progress report dated 05/22/15, the treater states that the patient was doing very well when he was using both Norco and Butrans patch. In progress report dated 05/11/15, the treater appears to document the impact of opioids in detail. However, pages from the report are missing. In progress report dated 03/12/15, the treater states that the patient has been compliant with medication use and is unable to get out of the bed without them. In progress report dated 02/11/15, the treater states "with pain medication he is able to get out of bed, do grocery shopping, prepare meals and perform activities of daily living. Without pain medication, it is difficult for him to function." As per the report, the patient has "good analgesia" and there are no side effects and aberrant behavior. The treater, however, does not document specific change

in pain scale due to opioid use nor does the treater indicate objective functional improvement using validated instruments, or questionnaires with specific categories for continued opioid use. MTUS requires specific examples that indicate an improvement in function and states that "function should include social, physical, psychological, daily and work activities." No UDS or CURES reports available for review to address aberrant behavior. In this case, treater has not addressed the 4A's adequately to warrant continued use of this medication. Additionally, MTUS p80, 81 states regarding chronic low back pain: "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." Long-term use of opiates may be indicated for nociceptive pain as it is "Recommended as the standard of care for treatment of moderate or severe nociceptive pain (defined as pain that is presumed to be maintained by continual injury with the most common example being pain secondary to cancer)." However, this patient does not present with pain that is "presumed to be maintained by continual injury." Hence, the request is not medically necessary.

Butrans patch 50mcg #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, Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The 57 year old patient presents with chronic intractable low back pain secondary to multilevel lumbosacral degenerative disc disease, chronic right hip pain, severe neuropathic pain, major depressive disorder, and chronic pain syndrome, as per progress report dated 08/21/15. The request is for Butrans Patch 50mcg #4. There is no RFA for this case, and the patient's date of injury is 02/15/06. The patient is status post right hip replacement, and his pain is rated at 7-8/10, as per progress report dated 08/21/15. Medications included Norco and Butrans patch. Diagnoses, as per progress report dated 08/28/15, included major depressive disorder and sleep disorder. Diagnoses, as per progress report dated 07/14/15, included hypertension, and psoriasis, sleep disorder, androgen disorder with erectile dysfunction, obesity, and chronic pain. The patient is off work, as per progress report dated 08/28/15. MTUS, criteria for use of opioids section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, criteria for use of opioids section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse 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 medication to work and duration of pain relief. MTUS, criteria for use of opioids section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, medications for chronic pain section, page 60 states that Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. MTUS Chronic Pain Guidelines 2009, Buprenorphine Section, pages 26-27 has the following: Recommended. When

used for treatment of opiate dependence, clinicians must be in compliance with the Drug Addiction Treatment Act of 2000. Buprenorphine's pharmacological and safety profile makes it an attractive treatment for patients addicted to opioids. Buprenorphine's usefulness stems from its unique pharmacological and safety profile, which encourages treatment adherence and reduces the possibilities for both abuse and overdose. Studies have shown that buprenorphine is more effective than placebo and is equally as effective as moderate doses of methadone in opioid maintenance therapy. Few studies have been reported on the efficacy of buprenorphine for completely withdrawing patients from opioids. In general, the results of studies of medically assisted withdrawal using opioids (e.g., methadone), have shown poor outcomes. Buprenorphine, however, is known to cause a milder withdrawal syndrome compared to methadone and for this reason may be the better choice if opioid withdrawal therapy is elected. In this case, Butrans patch is first noted in progress report dated 11/12/14. It is not clear when opioids were initiated. As per progress report dated 08/21/15, the patient is experiencing a flare-up due to denial of Norco. As per progress report dated 06/19/15, the patient is experiencing withdrawal symptoms due to lack of Butrans patch. The treater also states that medications help the patient "to function and he is able to live his life. Without his medication, it is affecting his ability to perform his ADLs." In progress report dated 05/22/15, the treater states that the patient was doing very well when he was using both Norco and Butrans patch. In progress report dated 05/11/15, the treater appears to document the impact of opioids in detail. However, pages from the report are missing. In progress report dated 03/12/15, the treater states that the patient has been compliant with medication use and is unable to get out of the bed without them. In progress report dated 02/11/15, the treater states "with pain medication he is able to get out of bed, do grocery shopping, prepare meals and perform activities of daily living. Without pain medication, it is difficult for him to function." As per the report, the patient has "good analgesia" and there are no side effects and aberrant behavior. The treater, however, does not document specific change in pain scale due to opioid use nor does the treater indicate objective functional improvement using validated instruments, or questionnaires with specific categories for continued opioid use. MTUS requires specific examples that indicate an improvement in function and states that "function should include social, physical, psychological, daily and work activities." No UDS or CURES reports available for review to address aberrant behavior. In this case, treater has not addressed the 4A's adequately to warrant continued use of this medication. Additionally, MTUS p80, 81 states regarding chronic low back pain: "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." Long-term use of opiates may be indicated for nociceptive pain as it is "Recommended as the standard of care for treatment of moderate or severe nociceptive pain (defined as pain that is presumed to be maintained by continual injury with the most common example being pain secondary to cancer)." However, this patient does not present with pain that is "presumed to be maintained by continual injury." Hence, the request is not medically necessary.