

<b>Case Number:</b>	CM15-0188362		
<b>Date Assigned:</b>	09/30/2015	<b>Date of Injury:</b>	01/14/2014
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	09/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### 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 43 year old female, who sustained an industrial injury on 1-14-2014. She reported acute injury to the neck and lower back from attempting to lift an individual. Diagnoses include low back pain, moderate lumbar spinal stenosis, and lumbar discogenic pain. Treatments to date include activity modification, chiropractic therapy, physical therapy, acupuncture treatments, and medication therapy, and lumbar epidural steroid injections. Currently, she complained of ongoing low back pain with radiation into the left buttock. Pain was rated 7-8 out of 10 VAS without medication, and 3 out of 10 VAS with medication. It was documented she was having increased functional improvement with medication as she is able to exercise more and has increased activities of daily life. Current medication listed included Norco (since at least 3-19-15), Adderall, Lexapro, ReQuip, Sumatriptan, Zolofl, Xanax and Butrans patch (start date 8-11-15). On 9-2-15, the physical examination documented tenderness to the left sacroiliac joint. The plan of care included ongoing medication management. The appeal requested authorization for Butrans Patch 10mcg-hr, #4 and Norco 10-325mg #30. The Utilization Review dated 9-14-15, denied this request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Butrans patch 10mcg/hr #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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Buprenorphine (Butrans).

**Decision rationale:** Pursuant to the Official Disability Guidelines, Butrans patch 10mcg/hr #4 is not medically necessary. Butrans is recommended as an option for treatment of chronic pain in selected patients (not a first-line drug). Suggested populations are patients with hyperalgesia complement pain; patients with centrally mediated pain; patients with neuropathic pain; patients at high risk of nonadherence with standard opiate maintenance; and for analgesia in patients who have previously been detoxified from other high-dose opiates. In this case, the injured workers working diagnoses are neck pain improved; low back pain; moderate lumbar spinal stenosis; and lumbar discogenic pain. Date of injury is January 14, 2014. Request for authorization is dated September 4, 2015. According to a new patient consultation dated June 15, 2015, the injured worker had an epidural steroid injection without benefit. The injured worker received acupuncture #6 treatments would benefit. The treating provider prescribes Norco 10/325mg TID. Tramadol was discontinued based on failure to provide analgesic relief. The treating provider attempted to reduce Norco TID one daily. According to an August 10, 2015 progress note, the injured worker was taking Norco 10/325 mg one daily for the pain score of 3/10. The treating provider wanted to trial Butrans. There is no clinical rationale for starting Butrans with a subjective pain score of 3/10 with Norco 10/325mg one tablet daily. According to a September 2, 2015 progress note, the injured worker's subjective complaints included low back pain with radiation to the left buttock. The pain score remained 3/10. According to the utilization review dated June 24, 2015, Norco was noncertified based on no documentation demonstrating objective functional improvement. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement with Norco, no documentation demonstrating objective functional improvement with Butrans, an unchanged VAS pain score after adding Butrans to Norco and no clinical indication or rationale for adding Butrans, Butrans patch 10mcg/hr #4 is not medically necessary.

**Norco 10/325mg #30:** 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 for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opioids.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325mg #30 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate

use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured workers working diagnoses are neck pain improved; low back pain; moderate lumbar spinal stenosis; and lumbar discogenic pain. Date of injury is January 14, 2014. Request for authorization is dated September 4, 2015. According to a new patient consultation dated June 15, 2015, the injured worker had an epidural steroid injection without benefit. The injured worker received acupuncture #6 treatments would benefit. The treating provider prescribes Norco 10/325mg TID. Tramadol was discontinued based on failure to provide analgesic relief. The treating provider attempted to reduce Norco TID one daily. According to an August 10, 2015 progress note, the injured worker was taking Norco 10/325 mg one daily for the pain score of 3/10. The treating provider wanted to trial Butrans. There is no clinical rationale for starting Butrans with a subjective pain score of 3/10 with Norco 10/325mg one tablet daily. According to a September 2, 2015 progress note, the injured worker's subjective complaints included low back pain with radiation to the left buttock. The pain score remained 3/10. According to the utilization review dated June 24, 2015, Norco was noncertified based on no documentation demonstrating objective functional improvement. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, previous Norco noncertification no objective functional improvement, no documentation indicating an attempt to wean Norco and no documentation demonstrating objective functional improvement, Norco 10/325mg #30 is not medically necessary.