

Case Number:	CM15-0196237		
Date Assigned:	10/09/2015	Date of Injury:	07/23/2013
Decision Date:	11/18/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/06/2015

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 36 year old female who sustained an industrial injury 07-23-13. A review of the medical records reveals the injured worker is undergoing treatment for thoracic and cervical radiculopathy. Medical records (09-10-15) reveal the injured worker complains of lower backache at 4/10 and anxiety. She reports pain at 9/10 without medications, and 2/10 with medications. The physical exam (09-10-15) reveals cervical and lumbar spine restricted motion and thoracic spine tenderness to palpation. Prior treatment includes lumbar disc replacement, TENS unit, and medications. The original utilization review (09-16-15) non certified the request for Norco 10/325 #90 with 1 refill and Butrans 15mcg/hr patches #4 with 1 refill. The documentation supports that the injured worker has been on Butrans since at least 04-10-15 and Norco since at least 02-11-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90 with 1 refill: 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, Opioids for chronic pain, Opioids, long-term assessment.

Decision rationale: The claimant sustained a work injury in July 2013 when, while transferring the patient, she had mid back pain. Medications are referenced as decreasing pain from 9/10 to 2/10. When seen, she wanted to return to unrestricted work. Physical examination findings included a body mass index over 37. She appeared to be in moderate pain. There was decreased and painful cervical spine range of motion with lower thoracic tenderness. There was neck pain with Spurling's testing. There were thoracic paravertebral muscle spasms. There was decreased and painful lumbar spine range of motion with positive facet loading. There was decreased upper and lower extremity sensation. Norco and Butrans are being prescribed at a total MED (morphine equivalent dose) of 45 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 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 the claimant is planning on returning to work. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.

Butrans 15mcg/hr patch #4 with 1 refill: 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 ODG Workers? Compensation Drug Formulary and Other Medical Treatment Guidelines Butrans prescribing information.

Decision rationale: The claimant sustained a work injury in July 2013 when, while transferring the patient, she had mid back pain. Medications are referenced as decreasing pain from 9/10 to 2/10. When seen, she wanted to return to unrestricted work. Physical examination findings included a body mass index over 37. She appeared to be in moderate pain. There was decreased and painful cervical spine range of motion with lower thoracic tenderness. There was neck pain with Spurling's testing. There were thoracic paravertebral muscle spasms. There was decreased and painful lumbar spine range of motion with positive facet loading. There was decreased upper and lower extremity sensation. Norco and Butrans are being prescribed at a total MED (morphine equivalent dose) of 45 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. Prescribing Butrans with another opioid medication such as Norco would be expected to decrease the efficacy of the Norco and there are other available sustained release opioid medications that could be considered. Norco continues to be prescribed with benefit. There are other available sustained release opioids. Prescribing Butrans is not appropriate and is not medically necessary.