

Case Number:	CM15-0198951		
Date Assigned:	10/14/2015	Date of Injury:	01/29/2013
Decision Date:	11/20/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/09/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 49 year old male, who sustained an industrial injury on 1-29-13. The injured worker is being treated for neck pain, cervical degenerative disc disease, cervical stenosis, cervical radiculopathy, low back pain and lumbar facet joint pain. Treatment to date has included chiropractic treatment (which is helping), oral medications including Norco 10-325mg (since at least 1-2015), Flexeril, Tramadol ER, left shoulder surgery (2013), physical therapy, and home exercise program and activity modifications. On 8-13-15 the injured worker complained of worsening neck and mid back pain rated 5 out of 10 without medications and notes medications continue to help, and on 9-11-15, the injured worker complains of increased low back pain rated 5 out of 10 without medications and 4 out of 10 with medications. Documentation did not indicate functional improvement with use of Norco. Work status is noted to be temporarily totally disabled. Physical exam performed on 8-13-15 and 9-11-15 revealed tenderness to palpation on cervical paraspinals with muscle spasm at neck and midback. On 9-17-15 request for authorization was submitted for Norco 10-325mg #30, Butrans patches 5mcg #4 with 1 refill and Flexeril 7.5mg #60. On 9-25-15 request for Norco 10-325mg #30 and Butrans patches 5mcg #4 was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/8325 Mg #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, Opioids for neuropathic pain.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on opioids and currently Norco for several years year without significant improvement in pain or function. There was no mention of Tylenol, Tricyclic or weaning failure. The continued use of Norco is not medically necessary.

Butrans Patches 5 Mcg #4 With 1 Refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Buprenorphine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Buprenorphine.

Decision rationale: Buprenorphine (Butrans) is used for treatment of opioid addiction or for chronic pain after detoxification of opioid use. Its use as a patch has been used due to the advantages of no analgesic ceiling, good safety profile and ability to suppress opioid withdrawal. In this case there is no mention of opioid addiction or need for opioid detoxification. The claimant was provided Norco was well. As a result, the use of Butrans patches is not medically necessary.