

<b>Case Number:</b>	CM15-0207904		
<b>Date Assigned:</b>	10/26/2015	<b>Date of Injury:</b>	08/05/2013
<b>Decision Date:</b>	12/10/2015	<b>UR Denial Date:</b>	09/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2015

### 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: North Carolina, Georgia  
 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 51 year old female, who sustained an industrial injury on 8-05-2013. The injured worker was diagnosed as having strain of muscle and-or tendon of forearm, injury to radial nerve, injury to ulnar nerve, complex regional pain syndrome type II upper limb, secondary peripheral neuropathy, other wrist sprain, and ganglion-synovial cyst-wrist. Treatment to date has included diagnostics and medications. On 8-12-2015, the injured worker complains of left wrist and forearm pain, with tingling on the left hand, radial wrist and forearm. Pain was rated 6-7 out of 10 (rated 7 out of 10 on 6-17-2015 and 9 out of 10 on 7-15-2015). She reported not being able to sleep due to pain in the wrist and dental pain from the loosening of her dental implant. Work status was not specified. Medications included Lyrica, Lidoderm, Percocet 10-325mg 4 times daily, Valium, and Butrans 15mcg weekly. The use of Butrans and Percocet was noted for greater than 6 months. Exam noted the use of a left hand splint and moderate diffuse swelling of the left wrist, along with moderately restricted range of motion. The vasomotor changes in the left hand were "improved" with persistent increased swelling around the radial aspect of the forearm. Blowing on her arm caused localized paresthesias in her arm and hand with dysesthesias and abnormal sensations to the mid forearm. She demonstrated a moderate Tinel's sign to the left radial nerve at the radial aspect of her wrist with proximal radiation to the mid forearm and distal radiation to the thumb. Positive Tinel's was also noted at the medial elbow and motor exam was pain limited. Proximally she demonstrated normal strength and muscle movements and there was a palpatory tenderness at the dorsum of the left wrist. Urine toxicology (4-28-2015) was negative for opiates. On 9-28-2015 Utilization Review

non-certified a request for Percocet 10-325mg #120 and Butrans patch 15mcg #4, noting certification for the requested Percocet 10-325mg #60 and Butrans patch 15mcg #2.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Percocet 10/325mg #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, criteria for use, Opioids, dosing, Opioids, specific drug list. Decision based on Non-MTUS Citation Official Disability Guidelines, Opioids, Criteria For Use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain.

**Decision rationale:** CA MTUS allows for the use of opioid medication, such as Percocet, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The medical record in this case does not use any validated method of recording the response of pain to the opioid medication or of documenting any functional improvement. It does not address the efficacy of concomitant medication therapy. Therefore, the record does not support medical necessity of ongoing opioid therapy with Percocet. The request is not medically necessary.

#### **Butrans patch 15mcg #4: 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:** CA MTUS allows for the use of opioid medication, such as Butrans, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. ODG guidelines state that buprenorphine (as in Butrans) is recommended as an option for treatment of chronic pain (consensus based) in selected patients (not first-line for all patients). Suggested populations: (1) Patients with a hyperalgesic component to pain; (2) Patients with centrally mediated pain; (3) Patients with neuropathic pain; (4) Patients at high-risk of non-adherence with standard opioid maintenance; (5) For analgesia in patients who have previously been detoxified from other high-dose opioids. In this case the medical records state

that there was a narcotic tolerant state but contain no details of this or of any prior issues with other narcotic addiction or misuse. None of the other conditions for which suboxone use is recommended are documented for this claimant. A prior UR approval of Suboxone on 4/2/2014 gave prospective approval but required that the provider submit evidence of trial of alternate drugs from the "y" list of ODG with failure of this trial to allow for ongoing certification of Suboxone. No such evidence was submitted. As such, there is no medical necessity for ongoing treatment with Butrans and the UR denial is upheld. The request is not medically necessary.