

Case Number:	CM15-0028647		
Date Assigned:	02/20/2015	Date of Injury:	04/30/2013
Decision Date:	04/03/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/13/2015

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: Florida, New York, Pennsylvania
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 31 year old male, who sustained an industrial injury on 4/30/13. On 2/13/15, the injured worker submitted an application for IMR for review of Butrans (buprenorphine) Transdermal System 5mcg/hour, and Norco tablets. The treating provider has reported the injured worker complained of aching low back, leg pain and depression. The pain is made better with medications. The diagnoses have included lumbago. Treatment to date has included physical therapy (x12), lumbar x-ray (7/13), Lumbar MRI (6/24/14). On 1/28/15 Utilization Review non-certified Butrans (buprenorphine) Transdermal System 5mcg/hour, and Norco 10/325mg #30tablets. The MTUS Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans (buprenorphine) Transdermal System 5mcg/hour: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Butrans Patch. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic) Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2
Page(s): 77, 79, 83.

Decision rationale: The member had a DOI of 4/30/13 with back pain, leg pain and depression. He was reported to have discontinued Tramadol on the basis of side effects. The member received a prescription for Norco as an alternative. However a UDS 12/11/14 was negative for Hydrocodone for positive for Tramadol. Subsequently there was a request for both Norco and Butrans to manage this patient's pain. A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Opioids, for long-term use, cannot be supported as there is a lack of evidence to allow for a treatment recommendation. A meta-analysis found that opioids were more effective than placebo for reducing pain intensity but the benefit for physical function was small and was considered questionable for clinical relevance. Opioids can be recommended on a trial basis for short-term use after there has been evidence of failure of first-line medication options such as acetaminophen or NSAIDs when there is evidence of moderate to severe pain. If chronic use is entertained then before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. Baseline pain and functional assessments should be made. Function should include social, physical, psychological, daily and work activities. Continuation of the use of opioids would be best assessed on the basis of a return to work with evidence for improved functioning and reduced pain. The primary risk with continued use is that 36 to 56% of users have a lifetime risk for substance use disorders. This can be potentially ameliorated by the use of sustained release products such as Butrans that produce a more stable steady state without significant highs and low predisposing to drug seeking behavior. There remains the risk of diversion, tolerance and hyperalgesia resulting in gradual increases in medication dosing and evidence for decreasing benefits. Discontinuation of Opioids is recommended for the following situations: (a) If there is no overall improvement in function, unless there are extenuating circumstances (b) Continuing pain with the evidence of intolerable adverse affects (c) Decrease in functioning (d) Resolution of pain (e) If serious non-adherence is occurring (f) The patient requests discontinuing. (g) Immediate discontinuation has been suggested for: evidence of illegal activity including diversion. The UDS evidence implying diversion makes continuation of opioid analgesics such as Butrans in this case inappropriate. Therefore, the UR Non-Certification is supported.

Norco tablets: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco; Hydrocodone/Acetaminophen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2
Page(s): 77, 79, 83.

Decision rationale: The member had a DOI of 4/30/13 with back pain, leg pain and depression. He was reported to have discontinued Tramadol on the basis of side effects (dizziness). The member received a prescription for Norco as an alternative. However a UDS 12/11/14 was negative for Hydrocodone and positive for Tramadol. An unexpected outcome. A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid

analgesics. Opioids, for long-term use, cannot be supported as there is a lack of evidence to allow for a treatment recommendation. A meta-analysis found that opioids were more effective than placebo for reducing pain intensity but the benefit for physical function was small and was considered questionable for clinical relevance. Opioids can be recommended on a trial basis for short-term use after there has been evidence of failure of first-line medication options such as acetaminophen or NSAIDs when there is evidence of moderate to severe pain. If chronic use is entertained then before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. Baseline pain and functional assessments should be made. Function should include social, physical, psychological, daily and work activities. Continuation of the use of opioids would be best assessed on the basis of a return to work with evidence for improved functioning and reduced pain. The primary risk with continued use is that 36 to 56% of users have a lifetime risk for substance use disorders. Additionally there is the risk of diversion, tolerance and hyperalgesia resulting in gradual increases in medication dosing and evidence for decreasing benefits. Discontinuation of Opioids is recommended for the following situations: (a) If there is no overall improvement in function, unless there are extenuating circumstances (b) Continuing pain with the evidence of intolerable adverse effects (c) Decrease in functioning (d) Resolution of pain (e) If serious non-adherence is occurring (f) The patient requests discontinuing. (g) Immediate discontinuation has been suggested for: evidence of illegal activity including diversion. The UDS evidence implying diversion makes continuation of opioid analgesics inappropriate. Therefore, the UR Non-Certification is supported.