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| <b>Case Number:</b>   | CM15-0216557 |                              |            |
| <b>Date Assigned:</b> | 11/06/2015   | <b>Date of Injury:</b>       | 04/29/2002 |
| <b>Decision Date:</b> | 12/18/2015   | <b>UR Denial Date:</b>       | 10/16/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/03/2015 |

### 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: New York, Pennsylvania, Washington  
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 59 year old female, who sustained an industrial-work injury on 4-29-02. A review of the medical records indicates that the injured worker is undergoing treatment for post laminectomy syndrome, sciatica, disorder of the sacrum and lumbar degenerative disc disease (DDD). Treatment to date has included pain medication Motrin, Protonix, Ranitidine, Percocet since at least 7-2-15, Butrans since at least 7-2-15, Buprenorphine, aqua therapy, and other modalities. She is authorized for bilateral lower extremities (BLE) electromyography (EMG). Medical records dated 9-9-15 indicate that the injured worker complains of increased pain in the right low back with pain in the right lower extremity (RLE) and numbness in the left thigh. She reports nausea with using increased dose of Buprenorphine so she decreased on her own and is using Butrans patch and Percocet for breakthrough pain. She states that it alleviates the pain when she does activities such as laundry. She reports night sweats, fatigue, constipation, nausea, balance problems, poor concentration, memory loss, anxiety and depression. Per the treating physician report dated 9-9-15 the work status is permanent and stationary. The physical exam reveals antalgic gait, lumbar extension is 10 degrees, flexion is 30 degrees, straight leg raise is positive bilaterally, and there is spasm and guarding of the lumbar spine. The physician indicates that the Buprenorphine was discontinued because of nausea. She is now using Butrans patch for baseline level of pain and Percocet for breakthrough pain. The medical records do not indicate decreased pain, increased level of function or improved quality of life. The records do not indicate least reported pain over the period since last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief and

how long the pain relief lasts. The physician does not indicate concerns of abuse of the medications and there is no previous urine drug screen reports noted in the records. The request for authorization date was 9-17-15 and requested services included Retro DOS unknown Butrans 20mcg per hour apply 1 patch to skin q 7 days #4 and Retro DOS unknown Percocet 5-325mg 1 tab by mouth up to twice daily prn pain #40. The original Utilization review dated 10-16-15 non-certified the request for Retro DOS unknown Butrans 20mcg per hour apply 1 patch to skin q 7 days #4. The request for Percocet 5-325mg 1 tab by mouth up to twice daily prn pain #40 was modified to for Percocet 5- 325mg 1 tab by mouth up to twice daily prn pain #30.

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

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

**Retro DOS unknown Butrans 20mcg/hr apply 1 patch to skin q 7 days #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): Opioids for chronic pain.

**Decision rationale:** In opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Per the guidelines, satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit fails to document any improvement in pain, functional status or a discussion of side effects to justify use. Additionally, per the guidelines, opioids are not recommended as a first line therapy for neuropathic pain. The medical necessity of butrans is not substantiated in the records.

**Retro DOS unknown Percocet 5/325mg 1 tab po up to twice daily prn pain #40: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

**Decision rationale:** Per the guidelines, in opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit fails to document any significant improvement in pain, functional status or a discussion of side effects specifically related to opioids to justify use per the guidelines. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but appears limited. The medical necessity is not substantiated in the records.