

<b>Case Number:</b>	CM15-0221854		
<b>Date Assigned:</b>	11/17/2015	<b>Date of Injury:</b>	06/30/1998
<b>Decision Date:</b>	12/30/2015	<b>UR Denial Date:</b>	10/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/11/2015

### 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: California  
Certification(s)/Specialty: Preventive Medicine, Occupational 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 56 year old male, who sustained an industrial injury on 6-30-98. The injured worker was diagnosed as having chronic pain syndrome; shoulder joint pain; knee pain; degeneration of cervical intervertebral disc; degeneration of lumbosacral intervertebral disc. Treatment to date has included status post left knee joint replacement (1-27-15); physical therapy; urine drug screening; medications. Currently, the PR-2 notes dated 10-21-15 indicated the injured worker complains of back pain. The provider documents the injured worker "has been denied most of his medications (Metaxalone, Flector, Voltaren, and lidocaine). These helped him decrease his use of opiates but they have been denied. He is using the Butrans patch 7.5mg and codeine for BTP." The injured worker reports his pain level is the same and interferes with sleep. The location is noted as low back pain with bilateral lower extremity radiation and constant. He describes the pain as aching, cramping, dull, numbness, sharp, tightness and tingling with weakness and numbness. Alleviating factors is noted as medications. Aggravating factors is flexion. He report his activities of daily living are improved with medication. He reports he has a epidural steroid injection several years ago that helped significantly. The provider documents "pain level with medications is 6 out of 10 and pain level without medication is 9 out of 10. Medications allow his to drive, walk and ride a stationary bike." PR-2 notes dated 9-22-15, 8-25- 15 and 7-21-15 indicate Butrans 7.5 patch and Codeine sulfate were prescribed for this injured worker. A Request for Authorization is dated 11-10-15. A Utilization Review letter is dated 10- 29-15 AND NON-CERTIFIED Butrans 7.5 patch, quantity 4-28 day supply. Utilization Review MODIFIED THE CERTIFICATION for Codeine sulfate tab 30mg, quantity 90-30 day supply to allow a quantity of 10-30 day supply. A request for authorization has been received for Codeine sulfate tab 30mg, quantity 90-30 day supply and Butrans 7.5 patch, quantity 4-28 day supply.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Codeine sulfate tab 30mg, qty 90/30day supply:** 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): Weaning of Medications, Opioids for chronic pain.

**Decision rationale:** The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. In this case, there is a lack of objective evidence of functional improvement with the prior use of this drug and the injured worker states that his pain levels are unchanged despite the use of opioids. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Codeine sulfate tab 30mg, qty 90/30day supply is determined to not be medically necessary.

**Butrans 7.5 patch, qty 4/28 day supply:** 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:** Butrans patch contains buprenorphine. Buprenorphine is recommended by the MTUS Guidelines for treatment of opiate addiction. Buprenorphine is also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. In this case, there is a lack of objective evidence of functional improvement with the prior use of this drug and the injured worker states that his pain levels are unchanged despite the use of opioids. This medication was previously approved for weaning purposes only. The request for Butrans 7.5 patch, qty 4/28 day supply is determined to not be medically necessary.