

Case Number:	CM15-0045437		
Date Assigned:	03/17/2015	Date of Injury:	07/10/1996
Decision Date:	04/23/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/10/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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(n) 71 year old female, who sustained an industrial injury on 7/10/98. She reported pain in the right knee, lower back and psyche due to being thrown against the wall by an agitated patient. The injured worker was diagnosed as having lumbar radiculopathy and post laminectomy syndrome. Treatment to date has included EMG/NCV studies, lumbar MRI, caudal epidural injections and pain medications. As of the PR2 dated 2/11/15, the injured worker reports 8/10 pain in the lower back. The treating physician noted restricted range of motion in the lumbar and thoracic spine and a positive FABER test. The treating physician requested Norco 10/325mg and a trial of Butrans patches 10mcg/hr.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butans 10mcg patch, quantity 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 26.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain section, Butrans.

Decision rationale: Pursuant to the Official Disability Guidelines, Butrans patch 10mcg #4 is not medically necessary. Butrans is recommended as an option for treatment of chronic pain in selected patients (not a first-line drug). Suggested populations are patients with hyperalgesia complement pain; patients with centrally mediated pain; patients with neuropathic pain; patients at high risk of nonadherence with standard opiate maintenance; and for analgesia in patients who have previously been detoxified from other high-dose opiates. In this case, the injured worker's working diagnoses are post laminectomy syndrome; and lumbar radiculopathy. A progress note dated September 17, 2014 shows the injured worker was taking Norco, trazodone and Neurontin. The VAS pain scale was 6/10 with medications and 8/10 without medication. The documentation indicates the injured worker failed Percocet, Dilaudid and fentanyl patches. The most recent progress note dated February 11, 2015. The injured workers the VAS and scale without medications is 10/10 and with medication 8/10. There is minimal functional improvement with Norco. The utilization review recommended weaning Norco based on the diminished clinical response and lack of objective functional improvement. The injured worker has tried and failed multiple opiate agonists including Percocet, Dilaudid and fentanyl patches. Norco needs to be weaned and discontinued based on the lack of clinical response. A Butrans 5mcg trial is clinically indicated but a starting dose of Butrans 10 mcg is not clinically indicated. The starting dose should be Butrans 5mcg. The documentation indicates multiple opiate drug failures, adverse effects, lack of clinical response and a Butrans 5mcg trial #4 is clinically indicated. Consequently, Butrans patch 10mcg #4 is not medically necessary.

Norco 10/325mg, quantity 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioid Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325 mg # 120 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. In this case, the injured worker's working diagnoses are post laminectomy syndrome; and lumbar radiculopathy. A progress note dated September 17, 2014 shows the injured worker was taking Norco, trazodone and Neurontin. The VAS pain scale was 6/10 with medications and 8/10 without medication. The documentation indicates the injured worker failed Percocet, Dilaudid and fentanyl patches. The most recent progress note dated February 11, 2015. The injured workers the VAS and scale without medications is 10/10 and with medication 8/10. There is minimal functional

improvement with Norco. The utilization review recommended weaning Norco based on the diminished clinical response and lack of objective functional improvement. The injured worker has tried and failed multiple opiate agonists including Percocet, Dilaudid and fentanyl patches. Norco needs to be weaned and discontinued based on the lack of clinical response. Consequently, absent clinical documentation with objective functional improvement with worsening subjective complaints (on Norco) with the VAS pain scale 8/10 with medications and 10/10 without medication, Norco 10/325#120 is not medically necessary.