

<b>Case Number:</b>	CM15-0089033		
<b>Date Assigned:</b>	05/13/2015	<b>Date of Injury:</b>	02/15/2006
<b>Decision Date:</b>	06/22/2015	<b>UR Denial Date:</b>	05/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 February 15, 2006. He has reported low back and hip pain and has been diagnosed with chronic right hip pain status post right hip replacement, with persistent right pain, chronic low back pain secondary to multilevel lumbosacral degenerative disc disease, severe neuropathic pain, and chronic pain syndrome. Treatment has included medications, injections, and a TENS unit. Lumbar range of motion was limited in flexion-extension side bending. He had an antalgic gait. He ambulated slowly with a short stride. His left hip range of motion is limited flexion, external rotation and abduction. There was also tenderness on palpation to his lumbar paraspinals and to his right greater trochanter area. The treatment request included Butrans patch and Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Butrans patch 20mcg:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26.

**Decision rationale:** The claimant sustained a work-related injury in February 2006 and continues to be treated for chronic low back pain and right hip pain, having undergone a right total hip replacement. When seen, hip revision surgery had been recommended. Medications are referenced as helping the claimant to function including activities of daily living and grocery shopping. Physical examination findings included decreased lumbar spine range of motion with lumbar tenderness. There was an antalgic gait. Butrans and Norco were refilled. Prior medications had included methadone and OxyContin which had been prescribed at a dose of 120 mg per day. Butrans (buprenorphine) is recommended as an option for treatment of chronic pain in selected patients such as for analgesia in patients who have previously been detoxified from other high-dose opioids as in this case. The request is medically necessary.

**Norco 7.5/325mg:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, (2) Opioids, dosing Page(s): 76-80, 86.

**Decision rationale:** The claimant sustained a work-related injury in February 2006 and continues to be treated for chronic low back pain and right hip pain, having undergone a right total hip replacement. When seen, hip revision surgery had been recommended. Medications are referenced as helping the claimant to function including activities of daily living and grocery shopping. Physical examination findings included decreased lumbar spine range of motion with lumbar tenderness. There was an antalgic gait. Butrans and Norco were refilled. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are helping the claimant to perform activities of daily living. The total MED (morphine equivalent dose) is less than 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of Norco was medically necessary.