

<b>Case Number:</b>	CM14-0110695		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	09/22/2010
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	07/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2014

### 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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a female patient who reported an industrial injury to the neck and back on 9/22/2010, four (4) years ago, attributed to the performance of her usual and customary job duties. The patient continues to complain of ongoing neck and low back pain. The neck pain and is reportedly radiating down the right arm whereas the low back pain radiates to the left lower extremity. The patient notes anxiety. The patient was noted to have previously stopped Oliver medications including Norco due to GI upset. She stopped the other medications that included tizanidine, Neurontin, and Lexapro because she did not like the way it made her feel. The patient reported taking Motrin or Tylenol OTC if her pain really was bad. The treating diagnoses included chronic low back pain with a Paris central disc protrusion at L5-S1; neck upper extremity pain with subtle this protrusion of the C3-C4 in C6-C7; depression anxiety due to chronic pain. Patient was reported to had a epidural steroid injection with no functional improvement. The treatment plan included a two-month trial of Butrans patch 5 mcg/hr #4 with a refill.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Two Month Trial of Butrans Patch 5 mcg #4 with 1 Refill for the Cervical/Lumbar Spine.:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 12 Low Back Complaints Page(s): 300-306; 47-48, Chronic Pain Treatment Guidelines opioids Page(s): 74-97. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) chapter 6 pages 114-16; Official Disability Guidelines (ODG) pain chapter-opioids

**Decision rationale:** ACOEM guidelines state that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal and eye symptoms; they should be used only if needed for severe pain and only for a short time. The long-term use of opioid medications may be considered in the treatment of chronic musculoskeletal pain, if: The patient has signed an appropriate pain contract; Functional expectations have been agreed to by the clinician and the patient; Pain medications will be provided by one physician only; The patient agrees to use only those medications recommended or agreed to by the clinician. ACOEM also notes, "Pain medications are typically not useful in the subacute and chronic phases and have been shown to be the most important factor impeding recovery of function." There is no demonstrated medical necessity for the initiation of Butrans patches 5 mcg/hr #4 with refill x1.