

Case Number:	CM14-0138467		
Date Assigned:	09/05/2014	Date of Injury:	06/03/2007
Decision Date:	09/30/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/27/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in Maryland. 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:

The patient is a 57 year old female with a work injury dated 6/3/07. The diagnoses include neck strain/sprain; cervical radiculopathy; shoulder impingement; bicipital tenosynovitis. Under consideration is a request for Norco 5/325mg #60 and Butrans Patch. There is a primary treating physician report dated 6/23/14 that states that the patient presents with improved pain in the neck, shoulders, and upper back. It radiates down the arms and fingers. The patient describes her pain as sore. The patient was asked to rate her pain on a scale of 0-10 with 0 being no pain and 10 being the worst pain imaginable. She rates it 6-10 at its worst in the past week. At its best in the last week, it was 5/10. The pain is constant, lasting throughout the day. It is exacerbated by prolonged sitting, lifting. It is relieved by warm weather, hot showers. Associated symptoms include numbness and spasms. On exam there is no warmth over the joints noted. No erythema noted over joints. No crepitus noted in the joints. No tenderness to palpation Trigger points palpated in the upper trapezius, gluteus medius and quadratus lumborum bilaterally. Pain limited range of motion of the lumbar spine. L hip flexion is 4 - /5, R hip flexion is 4/5, L knee extension is 4 - /5, and R knee extension is 4 /5, L knee flexion is 4/5, R knee flexion is 4 /5, L ankle dorsiflexion is 4 /5, and R ankle dorsiflexion is 4 /5. Decreased sensation to light touch noted in the medial and lateral aspect of bilateral legs. Patellar reflex are 2+ bilaterally. Achilles tendon reflex are 2+ bilaterally. Hips: SI joint compression test (+). Neurological: Slump test (+). The treatment plan includes refilling her medications. The patient is noted to be medically disabled. Per documentation a utilization review report from 03/14/14 recommended that Butrans patch 15mcg #4 was certified to initiate weaning and downward titration of this medication for complete discontinuation due to lack of functional benefit and also documentation including the result of the current urine drug test, risk assessment profile, attempt at weaning/tapering, and an

updated and signed pain contract between the provider and claimant. The request for Norco 5/325mg #60 was certified. The reviewing physician indicates that additional certification will require documentation of attempts at weaning and tapering, as well as pain contract. Otherwise, this timeframe should be used to initiate downward titration and complete discontinuation of medication. A 2/27/14 progress note states that the patient has been taking Opana ER 15 mg twice a day; Butrans patch Vicodin 5/500 about twice a day for breakthrough pain. She has been having a hard time getting the Opana filled because the pharmacy is often out of stock. It is also not advisable to have her on both the Opana and the Butrans patch as they are both extended release versions of opioid medications. Opana was discontinued and Butrans patch was increased. The Vicodin was changed to Norco 5/325, since the 500 mg acetaminophen formulation is no longer available.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain.

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

Decision rationale: Norco 5/325mg #60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The current evidence based guidelines recommend the discontinuation of opioid medication if there is a lack of improvement in function or improvement in pain. Additionally the MTUS states that documentation should include the 4 A's for Ongoing Monitoring which include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. A 3/3/14 urine drug screen revealed inconsistent findings of absent prescribed Hydrocodone. The documentation does not indicate that these domains of ongoing monitoring are being addressed. For these reasons and lack of functional improvement on long term opioids the request for Norco 5/325mg #60 is not medically necessary.

Butrans Patch: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain.

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

Decision rationale: Butrans Patch is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The current evidence based guidelines recommend the discontinuation of opioid medication if there is a lack of improvement in function or improvement in pain. Additionally the MTUS states that documentation should include the 4 A's for Ongoing Monitoring which include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. A 3/3/14 urine drug screen revealed inconsistent findings of absent prescribed Hydrocodone. The documentation does not indicate that these domains of ongoing monitoring are being addressed. There is no quantity on the request for Butrans Patch. For these reasons and lack of functional improvement on long term opioids the request for Butrans Patch is not medically necessary.