

<b>Case Number:</b>	CM14-0162186		
<b>Date Assigned:</b>	10/07/2014	<b>Date of Injury:</b>	10/06/2009
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	09/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2014

### 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 American Board Family Practice 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:

58 yr. old female claimant sustained a work injury on 10/6/09 involving the low back. She was diagnosed with lumbar radiculitis, and myofascial pain. A progress note on 8/26/14 indicated the claimant had 8/10 pain in the low back radiating to the right buttock. Her pain scale had been increasing in the prior few months. Exam findings were notable for lumbar spine spasms and tenderness to palpation. The treating physician provided the claimant with Norco 10/325 mg BID and Butrans patches. She had been on Norco since at least 4/2013 and Butrans since at least 6/2013. Her pain scale had been increasing in the prior few months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Topical Butrans Quantity 4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26-27.

**Decision rationale:** Buprenorphine (Butrans) is used for treatment of opioid addiction or for chronic pain after detoxification of opioid use. Its use as a patch has been used due to the advantages of no analgesic ceiling, good safety profile and ability to suppress opioid withdrawal.

In this case there is no mention of opioid addiction or need for opioid detoxification. It had been used for over a year. As a result, the use of Butrans patches is not medically necessary.

**Narcotic Norco 10/325mg Quantity 30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids  
Page(s): 82-92.

**Decision rationale:** Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for over a year with a recent increase in pain scale. The continued use of Norco is not medically necessary.