

<b>Case Number:</b>	CM14-0212145		
<b>Date Assigned:</b>	01/02/2015	<b>Date of Injury:</b>	04/03/2009
<b>Decision Date:</b>	03/05/2015	<b>UR Denial Date:</b>	11/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2014

### 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. 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  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 patient is a 42-year-old male with a date of injury of April 3, 2009. The utilization review discusses a progress report from March 4, 2014 which was not provided for my review. According to this report the patient presents with continued low back pain. Patient rates his pain as 7/10, which was noted to have not changed from previous visits. Patient denied nausea, vomiting, constipation, or over sedation. The patient was instructed to continue with current medication regimen which includes Butrans patches, Norflex, Dexilant, and Norco. Progress report dated April 1, 2014 states that the patient presents with continued low back and lower extremity symptoms with associated numbness, tingling and weakness. Verbal analog score scale remained as 7/10. Examination revealed muscle spasms and tenderness over the lower lumbar spine and decreased range of motion. The listed of diagnoses are history of lumbar fusion with retained lumbar and residual lumbar pain with radiculopathy. Patients work status was not addressed. This is a request for refill of medications. The utilization review denied the requests on April 8, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Butrans 10mcg patch #4 with 3 refills: 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 CRITERIA FOR USE OF OPIOIDS Page(s): 88, 89, 76-78.

**Decision rationale:** This patient presents with ongoing low back pain with lower extremity pain with numbness tingling and weakness. The current request is for Butrans 10 mcg patch #4 with 3 refills. For chronic opioid use, the MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. It is unclear when the patient was initially prescribed Butran patches. It is clear this is a request for refill of medications as progress report dated 3/4/14 recommended continuation of current medications including Butrans. In this case, recommendation for further use of this medication cannot be supported as the treating physician has not provided any discussion regarding specific functional improvement, changes in ADLs or work status to show significant functional improvement. There are no outcome measures including a before-and-after pain scale to denote a decrease in pain with medications. There is no opiate management issues discussed such as CURES report, pain contracts, etc and urine drug screenings have not been provided as required by MTUS for opiate management. The treating physician has failed to provide the minimum requirements of documentation that are outlined in MTUS for continued opiate use. This request is not medically necessary.

**Norco 10/325mg #30 with 3 refills:** 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 CRITERIA FOR USE OF OPIOIDS Page(s): 88, 89, 76-78.

**Decision rationale:** This patient presents with ongoing low back pain with lower extremity pain with numbness tingling and weakness. The current request is for Norco 10/325mg #30 with 3 refills. For chronic opioid use, the MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. It is unclear when the patient was initially prescribed Norco. The Utilization review letter dated 4/8/14, states that the patient has been utilizing Norco since 2013 with prior reviews recommending tapering of Norco. In this case, recommendation for further use of this medication cannot be supported as the treating physician has not provided any discussion regarding specific functional

improvement, changes in ADLs or work status to show significant functional improvement. There are no outcome measures including a before-and-after pain scale to denote a decrease in pain with medications. There is no opiate management issues discussed such as CURES report, pain contracts, etc and urine drug screenings have not been provided as required by MTUS for opiate management. The treating physician has failed to provide the minimum requirements of documentation that are outlined in MTUS for continued opiate use. This request is not medically necessary.

**Norflex 100mg #60 with 3 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-66.

**Decision rationale:** This patient presents with ongoing low back pain with lower extremity pain with numbness tingling and weakness. The current request is for Norflex 10/325mg #60 with 3 refills. Norflex is a muscle relaxant similar to Flexeril. This appears to be an initial request as prior progress reports do not discuss this medication. The MTUS Guideline page 63 do not recommend long term use of muscle relaxants and recommend using it for 3 to 4 days for acute spasm and no more than 2 to 3 weeks. In this case, the treating physician has made a request for #60 with 3 refills. The MTUS states that muscle relaxants are not recommended for long term use and no more than 2 to 3 weeks. The requested Norflex is not medically necessary.

**Dexilant 60mg #30 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms, and cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

**Decision rationale:** This patient presents with ongoing low back pain with lower extremity pain with numbness tingling and weakness. The current request is fo Dexilant 60mg #30 with 3 refills. Dexilant is a proton-pump inhibitor. The MTUS Guidelines page 68 and 69 states that Omeprazole is recommended with precaution for patients at risk for gastrointestinal events: (1) Age is greater than 65, (2) History of peptic ulcer disease and GI bleeding or perforation, (3) Concurrent use of ASA or corticosteroid and/or anticoagulant, (4) High dose/multiple NSAID. In this case, there is no indication that the patient is taking NSAID to consider the use of omeprazole. Furthermore, the treater provides no discussion regarding GI issues such as gastritis, ulcers, or reflux that would require the use of this medication. The requested Dexilant is not medically necessary.