

<b>Case Number:</b>	CM14-0214233		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	04/28/2011
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	12/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/22/2014

### 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:

The patient is a 48 year old female with an injury date of 04/28/11. Based on the 09/15/14 progress report, the patient complains of chronic cervical neck pain and cervical radiculopathy. She rates her pain as an 8-10/10. She has increased pain/ numbness in her bilateral hands and describes her pain as being aching and constant. The 10/22/14 report indicates that the patient has severe neck pain with radiation. The 10/27/14 report states that the patient rates her pain as a 9/10. Anterior flexion and extension are both noted to be 20 degrees and there is pain with range of motion. In regards to the lumbar spine, palpation of the lumbar facet reveals pain on both sides at L3-S1 region. The patient's gait is antalgic and shuffled. She uses a walking cane in her right hand. The patient's diagnoses include the following: Radiculopathy, cervical, Displaced disc with myelopathy, cervical. The utilization review determination being challenged is dated 12/04/14. Treatment reports are provided from 05/12/14- 12/15/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Butrans DIS 10mcg/hr #4:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS. Medication for chronic pain. Page(s): 88, 89, 76-78, 60-61.

**Decision rationale:** The patient presents with chronic cervical neck pain and cervical radiculopathy. The request is for Butrans Dis 10 Mcg/Hr #4. The patient rates her pain as a 9/10, anterior flexion and extension are both noted to be 20 degrees, there is pain with range of motion, and palpation of the lumbar facet reveals pain on both sides at L3-S1 region. It appears that the patient's first prescription of Butrans is on 10/22/14. For chronic opiate use in general, MTUS Guidelines page 88 and 89 states, "patient should be assessed at each visit and functioning should be measured at 6-month intervals using the 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. For Buprenorphine, MTUS page 26-27 specifically recommends it for treatment of opiate addiction and also for chronic pain. MTUS Guidelines page 60-61 state that "before prescribing any medication for pain, the following should occur: (1) Determine the aim of use of the medication. (2) Determine the potential benefits and adverse effects. (3) Determine the patient's preference. Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days and the analgesic effect of antidepressants should occur within one week. A record of pain and function with the medication should be recorded." As of 09/15/14, the patient is taking Soma, Vicodin, Lisinoprol, Neurontin, Omeprazole, and Sennokot. It appears that this is the first prescription of Butrans for this patient. There is no discussion of why Butrans was added to the patient's medication regimen. The 10/22/14 report prescribes the patient with Oxycontin and Butrans. Although the patient has a history of taking Vicodin as early as 09/15/14, there is lack of documentation of the 4 A's required for the ongoing use of opiates. However, a trial of Butrans may be appropriate given the patient's history of opiate use and to provide some analgesia. For ongoing use of his medication, the treater would need to provide documentation of pain and functional improvement including the 4 A's going on forward. The requested Butrans is medically necessary.

**Carisoprodol tab 350mg #80:** Upheld

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

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

**Decision rationale:** The patient presents with chronic cervical neck pain and cervical radiculopathy. The request is for carisoprodol tab 350 mg #80. The patient rates her pain as a 9/10, anterior flexion and extension are both noted to be 20 degrees, there is pain with range of motion, and palpation of the lumbar facet reveals pain on both sides at L3-S1 region. The patient

has been taking Carisoprodol as early as 05/12/14. MTUS Chronic Pain Medications Guideline muscle relaxants, page 63-66, "Carisoprodol (Soma); neither of these formulations is recommended for longer than a 2 to 3 week period." This has been noted for sedative and relaxant effects. MTUS recommends the requested Carisoprodol only for a short period of time. Carisoprodol has been prescribed since 05/12/14 which exceeds the 2- to 3-week period recommended by MTUS Guidelines. Therefore, the requested Carisoprodol is not medically necessary.