

<b>Case Number:</b>	CM14-0057569		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	07/23/2004
<b>Decision Date:</b>	06/09/2015	<b>UR Denial Date:</b>	04/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2014

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 injured worker is a 37 year old female who sustained an industrial injury on 7/23/2004. Her diagnoses, and/or impressions, are noted to include: lumbar strain with radiculopathy, facet arthropathy and ligamentum hypertrophy resulting in a fall and left knee strain; and right shoulder strain with impingement. No current imaging studies are noted. Her treatments have included interferential muscle stimulator unit for home use; home exercises; and medication management. Progress notes of 3/28/2014 reported complaints of low back pain, left > right, which radiates into the lower extremities; moderate, bi-weekly headaches; left knee pain; radiating right shoulder pain, into the right upper extremity; and difficulty sleeping. She reported using Norco for pain but that she may be getting somewhat tolerant as it is not providing as much pain relief as it did before. Objective findings were noted to include a slow gait; slight limp from back and knee pain; decreased right foot and lumbar dermatome sensation; para-lumbar tenderness; spasms in the right shoulder with positive impingement test; and a discussion about opioid rotation and trying the Butrans Patch. The physician's requests for treatments were noted to include a trial of Butrans patches to replace Hydrocodone (due to tolerance), with 1 Norco per day for breakthrough pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) prescription of Butrans Patch 10mcg, #4:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Butrans  
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. The request for Butrans was primarily for opioid rotation. The claimant had adequate pain relief on Norco. As a result, the use of Butrans patches is not medically necessary.

**One (1) prescription of Norco 10/325mg, #120:** Overturned

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

**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 several months. The claimant had failed prior weaning attempts and obtains pain relief. The continued use of Norco is medically necessary.