

Case Number:	CM15-0015472		
Date Assigned:	02/03/2015	Date of Injury:	12/20/2010
Decision Date:	03/20/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/27/2015

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 59 year old female, who sustained an industrial injury on 12/20/2010. She has reported neck pain, left shoulder pain, and headaches. The diagnoses have included cervical sprain/strain; cervicgia; and degeneration of cervical intervertebral disc. Treatment to date has included medications. Medications have included Norco, Lorzone, Gabapentin, and Butrans Patches. A progress note from the treating physician, dated 12/24/2014, documented a follow-up visit with the injured worker. The injured worker has reported left-sided neck pain with radiation to the left shoulder with numbness; milder right side neck pain; neck spasms; headaches; and pain is rated at 5/10 on the visual analog scale. Objective findings included generalized tenderness to palpation of the neck; and mild rash at right upper back where Butrans was. The treatment plan has included prescriptions for medications; and follow-up evaluation in one month to evaluate medication tapering. On 01/05/2015 Utilization Review modified a prescription for Norco 7.5/325 mg 1-2 per day prn #60, to Norco 7.5/325 mg 1-2 per day prn #30 for weaning; and a prescription for Butrans Patch 5 mcg/hr #4. The CA MTUS was cited. On 01/15/2015, the injured worker submitted an application for IMR for review of Norco 7.5/325 mg 1-2 per day prn #60; and for Butrans Patch 5 mcg/hr #4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325mg 1-2 per day prn #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco Page(s): 91.

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 6 months. There was no indication of NSAID or Tylenol failure. The continued use of Norco is not medically necessary.

Butrans patch 5 mcg/hr #4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26.

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. The claimant had been using Butrans along with Norco for more than 6 months. The continued use of Butrans patches is not medically necessary.