

<b>Case Number:</b>	CM15-0112829		
<b>Date Assigned:</b>	06/19/2015	<b>Date of Injury:</b>	08/29/2002
<b>Decision Date:</b>	07/21/2015	<b>UR Denial Date:</b>	05/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/11/2015

### 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: 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 injured worker is a(n) 55 year old female, who sustained an industrial injury on 8/29/02. She reported injuring her right knee and back after a trip and fall accident. The injured worker was diagnosed as having chronic lumbar strain, chronic sacroiliac sprain, bilateral knee pain and complex regional pain syndrome. Treatment to date has included a lumbar MRI on 5/20/09 showing multiple degenerative disc, a right knee MRI showing a slight joint effusion, knee surgery, physical therapy and a diagnostic ganglion block with minimal relief. Current medications include Omeprazole, Butrans and Percocet since at least 12/2/14. As of the PR2 dated 5/12/15, the injured worker reports pain in her back and right knee. She rates her back pain a 6/10 and her right knee pain an 8/10. Objective findings include a positive straight leg raise test bilaterally at 40 degrees and pain with lumbosacral rotation. The treating physician requested Butrans 10mcg/hr #4 x 3 refills and Percocet 10/325mg #120.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Butrans 10mcg/hour #4 with 3 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine; Opioids Page(s): 26-27; 78-86. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Buprenorphine for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine HCL, pages 26-27; Opioids, page(s) 74-96.

**Decision rationale:** Submitted reports have not demonstrated the indication or medical necessity for this medication request. Per MTUS Chronic Pain, BuTrans or Buprenorphine is a scheduled III controlled substance recommended for treatment of opiate addiction or opiate agonist dependence. Request has been reviewed previously and non-certified for rationale of lack of pain contract, indication, and documentation of opioid addiction. Buprenorphine has one of the most high profile side effects of a scheduled III medication. Per the Guidelines, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial and use should be reserved for those with improved attributable functional outcomes. This is not apparent here as this patient reports no change in pain relief, no functional improvement in daily activities, and has not decreased in medical utilization or self-independence continuing to treat for chronic pain symptoms. There is also no notation of any functional improvement while on the patch nor is there any recent urine drug screening results in accordance to pain contract needed in this case. Without sufficient monitoring of narcotic safety, efficacy, and compliance for this individual along with no weaning process attempted for this chronic injury. Medical necessity for continued treatment has not been established for Buprenorphine. The Butrans 10mcg/hour #4 with 3 refills is not medically necessary and appropriate.

**Percocet 10/325mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-86.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-96.

**Decision rationale:** Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury without acute flare, new injury, or progressive deterioration. The Percocet 10/325mg #120 is not medically necessary and appropriate.