

<b>Case Number:</b>	CM15-0116856		
<b>Date Assigned:</b>	06/25/2015	<b>Date of Injury:</b>	03/15/2010
<b>Decision Date:</b>	07/30/2015	<b>UR Denial Date:</b>	06/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/17/2015

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine

### 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 62 year old female who sustained an industrial injury on 3/15/10. She reported immediate right shoulder and neck pain after tripping and falling while walking on a sidewalk. The injured worker was diagnosed as having cervical disc disorder, entrapment neuropathy of upper limb, pain in hand joint and pain in shoulder joint. Treatment to date has included physical therapy, home exercise program, oral medications including Butrans 5mcg/hr patch, Lortab 7.5/500mg, Hydrocodone/acetaminophen 7.5/325mg, Senna 8.6mg, Ambien 12.5mg, and Duexis 800/26.6mg; cervical epidural steroid injection and nonsteroidal anti-inflammatory agents (NSAIDS). Current work status was not specified, but a Qualified Medical Examination from 2012 noted that the injured worker had not worked since 2010 and the current documentation does not note return to work. Progress notes submitted indicated that duexis, butrans and hydrocodone/acetaminophen have been prescribed since March of 2013. Currently, the injured worker reports pain along the neck with radiation into both arms on 4/23/15; she notes her pain level can fluctuate depending on her activity level. She notes improvement of function and reduction in pain with prescribed medications and rates her pain level as 3/10 with medications and 7/10 without medications. On 2/26/15 she noted pain level to be 3/10 with medications and 8/10 without medications and on 1/29/15 she noted pain level to be 2.5/10 with medications and 8/10 without medications. On 4/23/15 it is noted she was trying to wean herself off Butrans since it is not being authorized. Objective findings on 4/23/15 and 11/6/14 were noted to be unchanged from previous visit and on 1/20/15 and 2/26/15, objective findings were not mentioned. A request for authorization was submitted for Butrans

5mcg/hr patch #4, Lortab 7.5/500mg #90, Hydrocodone/acetaminophen 7.5/325mg solution and Duexis 800/26.6mg #90.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Four Butrans 5 mcg/hr patch with three refills:** Upheld

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

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

**Decision rationale:** Buprenorphine (butrans patch) is recommended for treatment of opiate addiction, and as an option for chronic pain especially after detoxification in patients who have a history of opiate addiction. In this case, there was no documentation of history of opiate addiction or detoxification from opiates for this injured worker. Butrans has been prescribed for more than two years. There was no documentation of functional improvement as a result of use of butrans. Return to work was not documented. Medications as a group were noted to improve some activities of daily living, but there was no documentation of improvement in specific activities of daily living as a result of use of butrans. Office visits have continued at the same monthly frequency. The MTUS recommends urine drug screening during chronic opioid prescription. The physician has mentioned that urine drug screens were performed, but no results and dates of testing were submitted. This injured worker has also been prescribed hydrocodone, an opioid. Buprenorphine has agonist and antagonist actions. It will block the effect of other agonist opioids. It is not clear why it has been prescribed along with a pure agonist opioid. Due to lack of history of detoxification from opioids or history of addiction, lack of functional improvement, and prescription with an opioid agonist, the request for butrans is not medically necessary.

**Hydrocodone/acedaminophen 2.5-108 mg/5 ml with three refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines medications for chronic pain, Opioids Page(s): 60, 74-96.

**Decision rationale:** According to CA MTUS guidelines, long term use of opioids is discouraged unless there is ongoing review and documentation of pain relief and improvement of functional status. Pain assessment should include current pain, least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief and how long relief lasts. Such a detailed pain assessment was not submitted. The injured worker has been prescribed opioids for greater than two years. The most recent progress notes from March and April 2015 state that examination was unchanged from the previous visit. Progress notes in January and February of 2015 included vital signs but no

physical examination findings. There was no documentation of functional improvement as a result of use of hydrocodone/acetaminophen. Return to work was not documented. Medications as a group were noted to improve some activities of daily living, but there was no documentation of improvement in specific activities of daily living as a result of use of hydrocodone/acetaminophen. The treating physician has prescribed hydrocodone/acetaminophen liquid as well as Lortab (a tablet form of hydrocodone/acetaminophen), which is duplicative and potentially toxic. The MTUS recommends urine drug screening during chronic opioid prescription. The physician has mentioned that urine drug screens were performed, but no results and dates of testing were submitted. Due to lack of prescribing in accordance with the MTUS and lack of functional improvement, the request for hydrocodone/acetaminophen is not medically necessary.

**Lortab 7.5/500 mg, ninety count:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines medications for chronic pain, Opioids Page(s): 60, 74-96.

**Decision rationale:** According to CA MTUS guidelines, long-term use of opioids is discouraged unless there is ongoing review and documentation of pain relief and improvement of functional status. Pain assessment should include current pain, least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief and how long relief lasts. Such a detailed pain assessment was not submitted. The injured worker has been prescribed opioids for greater than two years. The most recent progress notes from March and April 2015 state that examination was unchanged from the previous visit. Progress notes in January and February of 2015 included vital signs but no physical examination findings. There was no documentation of functional improvement as a result of use of lortab (hydrocodone/acetaminophen). Return to work was not documented. Medications as a group were noted to improve some activities of daily living, but there was no documentation of improvement in specific activities of daily living as a result of use of lortab. The treating physician has prescribed hydrocodone/acetaminophen liquid as well as Lortab (a tablet form of hydrocodone/acetaminophen), which is duplicative and potentially toxic. The MTUS recommends urine drug screening during chronic opioid prescription. The physician has mentioned that urine drug screens were performed, but no results and dates of testing were submitted. Due to lack of prescribing in accordance with the MTUS and lack of functional improvement, the request for lortab is not medically necessary.

**Duexis 800/26.6 mg, ninety count with three refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Duexis, NSAIDS.

**Decision rationale:** Duexis (which contains ibuprofen and famotidine) has been prescribed for more than two years without documentation of functional improvement. Return to work was not documented. Medications as a group were noted to improve some activities of daily living, but there was no documentation of improvement in specific activities of daily living as a result of use of duexis. Per the MTUS, non-steroidal anti-inflammatory drugs (NSAIDs) are recommended as a second line treatment after acetaminophen for treatment of acute exacerbations of chronic back pain. In this case, the injured worker has chronic pain with no evidence of prescribing for flare-ups. The MTUS does not recommend chronic NSAIDs for low back pain; NSAIDs should be used for the short term only. Systemic toxicity is possible with NSAIDs. The FDA and MTUS recommend monitoring of blood tests and blood pressure. Package inserts for NSAIDS recommend periodic monitoring of a CBC and chemistry profile (including liver and renal function tests). There is no evidence that the prescribing physician is adequately monitoring for toxicity as recommended by the FDA and MTUS. The MTUS recommends co-therapy of non-steroidal anti-inflammatory agents (NSAIDs) with a proton pump inhibitor (PPI) in patients who are determined to be at intermediate or high risk of a gastrointestinal (GI) event. There is no recommendation for H2 receptor antagonists for gastric protection from NSAID use. The ODG does not recommend Duexis as a first line drug and states that it is indicated for rheumatoid arthritis and osteoarthritis. The ODG states, "With less benefit and higher cost, using Duexis as a first line therapy is not justified." The records submitted do not indicate the injured worker has osteoarthritis or rheumatoid arthritis. For these reasons, the request for Duexis is not medically necessary.