

<b>Case Number:</b>	CM15-0119626		
<b>Date Assigned:</b>	06/30/2015	<b>Date of Injury:</b>	08/30/2008
<b>Decision Date:</b>	07/29/2015	<b>UR Denial Date:</b>	05/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/22/2015

### 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, Indiana, New York  
 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 40 year old female, who sustained an industrial injury on 8/30/2008. She reported back pain while lifting boxes. The injured worker was diagnosed as having discogenic low back pain. Treatment to date has included diagnostics, physical therapy, epidural injections, psychotherapy, and medications. Currently (5/04/2015), the injured worker complains of ongoing low back pain with radicular symptoms down the lower extremities. She did well on pain medications, noting that Duragesic patches were recently denied. Duragesic patches reduced pain from 9/10 to 5/10 and allowed her to be more functional with activities of daily living. She was able to do some light yard work, daily stretching exercise, and take care of her children. Lyrica was also significantly helpful, decreasing neuropathic pain by more than 30%. Her pain averaged 6/10, 5/10 at best, and 9/10 at worst. Urine drug screen on 10/08/2014 was documented as consistent with prescribed medications and no aberrant drug behaviors were noted. Physical exam noted tenderness to palpation of her low back and positive straight leg raise bilaterally. Magnetic resonance imaging of the lumbar spine from 2013 was referenced. The treatment plan included Butrans patches and continued Lyrica. Her work status remained permanent and stationary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Butrans patch 10mcg #4: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Bupewnoepinw Page(s): 57.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Butrans.

**Decision rationale:** Pursuant to the Official Disability Guidelines, Butrans patch 10mcg #4 is not medically necessary. Butrans is recommended as an option for treatment of chronic pain in selected patients (not a first-line drug). Suggested populations are patients with hyperalgesia complement pain; patients with centrally mediated pain; patients with neuropathic pain; patients at high risk of non-adherence with standard opiate maintenance; and for analgesia in patients who have previously been detoxified from other high-dose opiates. In this case, the injured worker's working diagnoses are discogenic low back pain. The date of injury is August 30, 2008. The earliest progress note in the medical record is dated November 12, 2015. The injured worker's subjective complaints are low back pain that radiates to the bilateral lower extremities. Current medications include Duragesic 50g every 48 hours and Lyrica 100 mg bid. According to a May 4, 2015 progress note, the injured worker has ongoing low back pain that radiates the lower extremities. The documentation indicates Duragesic patch was denied. The treating provider, in lieu of the Duragesic patch, requested Butrans 10g. Butrans is recommended as an option for the chronic pain and for treatment of opiate dependence. The documentation does not state whether Butrans was started for either of these possibilities. The documentation does indicate Butrans was prescribed because Duragesic was denied. This is not an appropriate clinical indication. There was no clinical indication or rationale for starting Butrans in the medical record. Consequently, absent clinical documentation with a clinical indication and rationale other than starting Butrans because Duragesic patch was denied, Butrans patch 10mcg #4 is not medically necessary.

**Lyrica 100mg #60 with 3 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica Page(s): 131.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Lyrica.

**Decision rationale:** Pursuant to the Official Disability Guidelines, Lyrica 100 mg #60 with three refills is not medically necessary. Lyrica is recommended in neuropathic pain conditions and fibromyalgia, but not for acute pain. Lyrica is an AED effective in diabetic neuropathy and postherpetic neuralgia. Lyrica is associated with a modest increase in the number of patients experiencing meaningful pain reduction. In this case, the injured worker's working diagnoses are discogenic low back pain. The date of injury is August 30, 2008. The earliest progress note in the medical record is dated November 12, 2015. The injured worker's subjective complaints are low

back pain that radiates to the bilateral lower extremities. Current medications include Duragesic 50g every 48 hours and Lyrica 100 mg bid. According to a May 4, 2015 progress note, the injured worker has ongoing low back pain that radiates the lower extremities. The documentation indicates Duragesic patch was denied. The treating provider, in lieu of the Duragesic patch, requested Butrans 10g. Butrans is recommended as an option for the chronic pain and for treatment of opiate dependence. The documentation does not contain objective functional improvement with ongoing Lyrica. The earliest progress note dated January 12, 2015 indicates Lyrica was prescribed. The dose of Lyrica was increased to 100 mg b.i.d. in a March 9, 2015. In a progress note dated May 4, 2015, objectively the injured worker had on-going positive straight leg raising. There were no other objective functional improvements documented in the medical record. The injured worker did not have clinical evidence of diabetic neuropathy or postherpetic neuropathy. Consequently, absent clinical documentation of objective functional improvement to support ongoing Lyrica, Lyrica 100 mg # 60 with three refills is not medically necessary.