

Case Number:	CM15-0126749		
Date Assigned:	07/13/2015	Date of Injury:	04/09/2003
Decision Date:	08/07/2015	UR Denial Date:	06/13/2015
Priority:	Standard	Application Received:	06/30/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 47 year-old female who sustained an industrial injury on 04/09/03. She complained of lumbosacral pain after lifting. Initial diagnoses are not available. Treatments to date include medial branch blocks, and oral with topical pain medication management. Current diagnoses include lumbosacral spondylosis without myelopathy, degenerative disc disease, lumbago, and lumbar disc disorder. In a progress note dated 06/02/15, the injured worker reports continued, intractable low back pain with numbness to the right lower extremity. She has gained more than 50 pounds due to loss of function, stress, and depression. She has EMG evidence of radiculopathy. There is tenderness over the L4, L5, and L5-S1 levels. Her pain reduces by approximately 30-60%, and her activities of daily living increases with use of medications. She has had adverse effects on Nucynta ER, side effects with venlafaxine, and Fentanyl does not help. Plan of care and goal is to provide appropriate medications at the lowest possible dose to reduce pain and improve functional level while minimizing side effects. Treatment recommendations and request include Butrans 20 mg, quantity of 4 transdermal patches, and Norco 10/325 mg #224. The injured worker is under temporary total disability. Date of Utilization Review: 06/13/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans 20mg, quantity of 4 transdermal patches: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18, 26, 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine, p26. Decision based on Non-MTUS Citation Butrans Prescribing Information.

Decision rationale: The claimant has a remote history of a work-related injury and continues to be treated for low back pain and right lower extremity numbness. Medications are referenced as decreasing pain from 30-60% with improved activities of daily living tolerance. Butrans and Norco are being prescribed at a total MED (morphine equivalent dose) of 120 mg per day. Butrans was being prescribed on an as needed basis. Nucynta ER, Fentanyl, OxyContin, and tramadol had been prescribed previously. When seen, her BMI was over 42. There was decreased and painful lumbar range of motion with tenderness. There was an antalgic gait. Urine drug screening has been consistent with the medications being prescribed. Butrans (buprenorphine) is recommended as an option for treatment of chronic pain in selected patients such as for analgesia in patients who have previously been detoxified from other high-dose opioids. In this case, prior medications have included opioids at a higher MED. Although medications are providing pain control with improved activities of daily living, Butrans is not an as needed (PRN) medication. Continued prescribing cannot be considered as being medically necessary.

Norco 10/325mg #224: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18, 26, 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 65-80, 86.

Decision rationale: The claimant has a remote history of a work-related injury and continues to be treated for low back pain and right lower extremity numbness. Medications are referenced as decreasing pain from 30-60% with improved activities of daily living tolerance. Butrans and Norco are being prescribed at a total MED (morphine equivalent dose) of 120 mg per day. Butrans was being prescribed on an as needed basis. Nucynta ER, Fentanyl, OxyContin, and tramadol had been prescribed previously. When seen, her BMI was over 42. There was decreased and painful lumbar range of motion with tenderness. There was an antalgic gait. Urine drug screening has been consistent with the medications being prescribed. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing pain control with improved activities of daily living. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.

