

<b>Case Number:</b>	CM15-0175620		
<b>Date Assigned:</b>	09/17/2015	<b>Date of Injury:</b>	07/11/2008
<b>Decision Date:</b>	10/21/2015	<b>UR Denial Date:</b>	08/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2015

### 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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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 53 year old female who sustained an industrial injury on 7-11-2008. The medical records indicate that the injured worker is undergoing treatment for lumbar spine sprain-strain, cervical spine sprain-strain, left shoulder sprain-strain, right upper extremity complex regional pain syndrome, and status post nerve-tendon (2-4) laceration with surgical repair (2008). Several documents within the submitted medical records are difficult to decipher. According to the progress report dated 5-20-2015, the injured worker complains of left shoulder pain, which limits her activities of daily living with reaching carrying, sleeping, and grooming. She notes that pain has increased, causing increase use of Percocet. The level of pain is not rated. In addition, she notes that she has a damaged-rotting tooth secondary to previous head trauma and grinding teeth. The physical examination of the left shoulder reveals diffuse tenderness, positive impingement sign, and 80 degrees flexion. Examination of the bilateral knees reveals tenderness, right greater than left, positive crepitus, and 90 degrees with flexion and 0 degrees extension. The current medications are Percocet and Butrans patch. There is documentation of ongoing treatment with Percocet and Butrans patch since at least 3-30-2015. Treatment to date has included medication management. Work status is described as "not working". The original utilization review (8-25-2015) non-certified a request for Percocet, Butrans patch, and re-evaluation with dental specialist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Butrans patch 20mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician's Desk Reference, online edition.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Buprenorphine. Decision based on Non-MTUS Citation ODG Pain (Chronic), Buprenorphine for chronic pain, ODG Pain (Chronic), Butrans (buprenorphine).

**Decision rationale:** Per the cited CA MTUS, buprenorphine is recommended for treatment of opiate addiction and as an option for chronic pain, particularly in injured workers with history of opiate addiction. According the ODG, Butrans (buprenorphine) is FDA-approved for moderate to severe chronic pain. Injured workers that buprenorphine is indicated in include a hyperalgesic component to pain; centrally mediated pain; neuropathic pain; high-risk of non-adherence with standard opioid maintenance; and for analgesia in patients who have previously been detoxified from other high-dose opioids. According the available treating provider notes, the injured worker has chronic neuropathic pain; however, the notes do not include documentation of the pain with and without medications, no significant adverse effects or aberrant behavior, pain contract on file, history of urine drug testing, objective functional improvement, and performance of necessary activities of daily living. Appropriate follow-up has been performed monthly and weaning of opioids should be routinely reassessed and initiated as soon as indicated by the treatment guidelines. Based on the available medical records and cited guidelines, Butrans patch 20 mg is not medically necessary and appropriate for ongoing pain management.

**Percocet 5/325mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids (Classification), Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis.

**Decision rationale:** The cited CA MTUS guidelines recommend short acting opioids, such as Hydrocodone (Percocet), for the control of chronic pain, and may be used for neuropathic pain that has not responded to first-line medications. The MTUS also states there should be documentation of the 4 A's, which includes analgesia, adverse side effects, aberrant drug taking behaviors, and activities of daily living. The injured workers most recent records show that she is on a first-line agent (Topamax); however, they do not include documentation of the pain with and without medications, no significant adverse effects or aberrant behavior, pain contract on file, history of urine drug testing, objective functional improvement, and performance of necessary activities of daily living. Appropriate follow-up has been performed monthly and weaning of opioids should be routinely reassessed and initiated as soon as indicated by the

treatment guidelines. Based on the available medical records and cited guidelines, Percocet 5/325 mg is not medically necessary and appropriate for ongoing pain management.

**Re-eval with dental specialist consult:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction. Decision based on Non-MTUS Citation ACOEM Ch 7 INDEPENDENT MEDICAL EXAMINATIONS AND CONSULTATIONS pg 503.

**Decision rationale:** Per the cited CA MTUS guidelines, the presence of persistent complaints, which prove recalcitrant to conservative management, should lead the primary treating provider to reconsider the operating diagnosis and determine whether a specialist evaluation is necessary. The cited ACOEM guidelines further state that an injured worker may be referred to other specialists when the course of care would benefit from additional expertise. In the case of this injured worker, she appears to have had a tooth that is damaged secondary to previous work-related head trauma. Based on the guidelines cited, re-evaluation with dental specialist is medically necessary and appropriate.