

<b>Case Number:</b>	CM15-0070760		
<b>Date Assigned:</b>	04/20/2015	<b>Date of Injury:</b>	09/22/2011
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	04/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2015

### 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 63-year-old male, with a reported date of injury of 09/22/2011. The diagnoses include lumbar facet syndrome, lumbar radiculopathy, lumbar discogenic disease, status post an anterior cervical discectomy and fusion at C5-C7. Treatments to date have included lumbar transforaminal epidural steroid injection, Norco, Soma, Flexeril, acupuncture, physical therapy, lumbar trigger point injections, computerized tomography (CT) scan, and MRI of the lumbar spine. The medical report dated 10/10/2013 indicates that the injured worker reported increased low back pain. He stated that this pain levels were consistently 8-10 out of 10. The pain affects the injured worker's ability to accomplish his daily activities and chores, concentration, and sleep. The pain radiated to his left lower extremity with numbness and tingling in the left foot. There was occasional radiation into the right lower extremity. The physical examination showed tenderness to palpation of the bilateral lumbar spine with tightness and spasms; restricted lumbar range of motion due to pain; a mildly antalgic gait; and positive bilateral straight leg raise test. The treating physician requested Butrans patch 15mcg #4 and hydrocodone/acetaminophen 10/325mg #150.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**BUTRANS PATCH 15MCG #4:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

**Decision rationale:** The claimant sustained a work injury in September 2011 and continues to be treated for low back pain. When seen, he had increasing low back pain. Pain was rated at 8-10/10. Medications included Norco and Nucynta being taken five times per day at a total MED (morphine equivalent dose) of over 200 mg per day. This request is for Norco and Butrans. 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. Butrans (buprenorphine) is a sustained release formulation and would be used to treat baseline pain. In this case, the claimant had ongoing pain despite prior high dosing of opioid medications and there is no documentation of the claimant's response to Butrans. Therefore it cannot be considered as medically necessary.

**HYDROCODONE/ACETAMINOPHEN 10/325MG #150:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

**Decision rationale:** The claimant sustained a work injury in September 2011 and continues to be treated for low back pain. When seen, he had increasing low back pain. Pain was rated at 8-10/10. Medications included Norco and Nucynta being taken five times per day at a total MED (morphine equivalent dose) of over 200 mg per day. This request is for Norco and Butrans. 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, the claimant had ongoing pain despite prior high dosing of opioid medications which included Norco at the same dose and there is no documentation of the claimant's current response to the medications being prescribed. Therefore it cannot be considered as medically necessary.