

<b>Case Number:</b>	CM15-0073808		
<b>Date Assigned:</b>	04/24/2015	<b>Date of Injury:</b>	06/21/2006
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	04/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/20/2015

### 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  
 Certification(s)/Specialty: 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 male who sustained an industrial injury on 03/04/2002. Diagnoses include status post cervical trauma with odontoid fracture requiring cervical fusion at C1-2 on 11/26/2002, status post hardware removal in 02/2005 with residual, status post attempted removal of hardware in 10/11/2010, slight right C6 radiculopathy, bilateral wrist, hand, forearm and elbow tendinitis and strain with bilateral carpal tunnel syndrome, status post left carpal tunnel release on 11/10/2006, and 08/02/2011, and status post right carpal tunnel release on 02/21/2013, bilateral shoulder strain with impingement, status post left shoulder surgery on 09/17/2003, and 03/01/2007, status post right shoulder arthroscopy on 12/23/2010, and revision right shoulder surgery 12/15/2011 and again on 08/28/2012, urinary urgency and incontinence due to cervical myelopathy, insomnia due to chronic pain, chronic pain syndrome, bilateral knee pain, gastrointestinal upset due to pain medications, and depression. Treatment to date has included diagnostic studies, medications, diagnostic blocks, muscle stimulator, physical therapy, Thermancare heat patches, and steroid injections. A physician progress note dated 03/20/2015 documents the injured worker continues to have significant pain in the cervical area with decreased range of motion. He has severe bilateral knee pain and is having difficulty with activities of daily living such as getting dressed and taking a shower. He has neck pain with radiation to the right upper extremity and hand, bilateral shoulder pain-status-post surgeries, bilateral wrist, hand and elbow pain, left greater than right, headaches, urinary urgency and incontinence, sleep difficulty, intermittent numbness and tingling in both hands, depression due to chronic pain, sexual dysfunction with erectile difficulty and pain ejaculations, and fall due to

leg in coordination. His pain is rated as 7 out of 10 with medications, and without pain medicine pain would be 10 out of 10. Treatment requested is for CT cervical spine without contrast, and physical therapy evaluation/reevaluation.

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

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

**Butrans patch 10 mcg/hr:** 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 Opioids Page(s): 76-78, 80.

**Decision rationale:** The MTUS/Chronic Pain Medical Treatment Guidelines comment on the long-term use of opioids, including the Butrans Patch. These guidelines have established criteria on the use of opioids for the ongoing management of pain. Actions should include: prescriptions from a single practitioner and from a single pharmacy. The lowest possible dose should be prescribed to improve pain and function. There should be an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. Pain assessment should include: current pain, the 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 pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. There should be evidence of documentation of the 4 A's for Ongoing Monitoring. These four domains include: pain relief, side effects, physical and psychological functioning, and the occurrence of any potentially aberrant drug-related behaviors. Further, there should be consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain that does not improve on opioids in 3 months. There should be consideration of an addiction medicine consult if there is evidence of substance misuse (Pages 76-78). Finally, the guidelines indicate that for chronic pain, the long-term efficacy of opioids is unclear. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy (Page 80). Based on the review of the medical records, there is insufficient documentation in support of these stated MTUS/Chronic Pain Medical Treatment Guidelines for the ongoing use of opioids. There is insufficient documentation of the 4 A's for Ongoing Monitoring. The treatment course of opioids in this patient has extended well beyond the timeframe required for a reassessment of therapy. There is insufficient evidence that this patient has been receiving opioids from a single practitioner and a single pharmacy. In the Utilization Review Process, letter dated 4/7/2015, it was noted that the evidence in the medical record did not support significant efficacy for the use of opioids in the treatment of this patient's longstanding pain syndrome. In summary, there is insufficient evidence provided for the long-term efficacy of opioids in the treatment of this patient's pain syndrome. For these reasons, Butrans is not considered as a medically necessary treatment.