

Case Number:	CM15-0084373		
Date Assigned:	05/06/2015	Date of Injury:	07/23/2013
Decision Date:	10/19/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	05/01/2015

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: Texas, 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 36 year old female who sustained an industrial injury on 7-23-13 while transferring a patient from a bed to a gurney she experienced a popping noise and felt an immediate pain in her mid-back. Diagnoses included thoracic pain; degenerative disc disease thoracic spine. Per the 3-10-15 agreed medical re-evaluation the injured worker complains of mild neck pain with bilateral hand tingling; thoracic pain with radiation to the sternum; occasional lower back pain. The injured worker is currently working and reports that her pain level has increased (5-8-15) since her last visit (4-10-15). Her current pain level was 5 out of 10 with medication and 8 out of 10 without medication and on 4-10-15 her pain level was 5 out of 10 with medication and 8 out of 10 without medication. Her activity level has increased and she noted improvement in range of motion and reduction in stiffness. She reports her medications are not effective. Her sleep quality is poor. She denies sedation or lethargy with medication but does not want to use Norco at work as it is sedating. In the progress note dated 6-4-14, while on Norco 10-325mg #90, Morphine, naproxen and pantoprazole, her pain level was reported at 5 out of 10 with medication and 9 out of 10 without medication. She had an emergency room visit for exacerbation of chronic thoracic back pain (10-19-14) and received Toradol injection with mild relief and was given a prescription for Norco #10 and Flexeril #20. On physical exam it was found that she ambulates with a normal gait. Inspection of the cervical spine revealed restricted range of motion, tenderness at the lower thoracic region, Spurling's maneuver causes pain in the neck muscles but no radicular symptoms; inspection of the thoracic spine revealed tenderness and spasms bilaterally; lumbar spine inspection revealed restricted range of motion, bilateral

positive facet loading. Diagnostics included MRI of the cervical spine (6-14-14) showing mild disc degeneration, disc bulge and slight disc protrusion, foraminal narrowing. Treatments to date include medications (current): Neurontin, Norco, Flexeril, ibuprofen, Xanax, Wellbutrin. It was noted that on 4-10-15 a drug screen was done and was reported to be inconsistent with prescribed medications. In the progress note dated 4-10-15 the treating provider's plan of care included requests for Butrans 10mcg per hour patch #4; Norco 10-325mg three times per day as needed #90. The request for authorization dated 4-13-15 included Butrans 10mcg per hour patch #4; Norco 10-325mg #90, On 4-16-15 utilization review evaluated and non-certified the requests for Butrans 10mcg per hour #4; Norco 10-325mg three times per day as needed #90. The patient's surgical history includes left knee surgery in 2009; lumbar fusion in 2007.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans 10mcg/hr patch #4: 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): Buprenorphine, Opioids, criteria for use.

Decision rationale: Butrans 10mcg/hr patch #4: Butrans contains Buprenorphine which is a partial opioid agonist. According to CA MTUS guidelines cited below Buprenorphine is recommended for, Treatment of opiate agonist dependence. Evidence opioid dependence was not specified in the records provided. It is not specified in the records provided whether Butrans patch is prescribed for opioid dependence or for analgesic purposes. According to CA MTUS guidelines cited below, a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs. The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to nonopioid means of pain control is not documented in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. Whether improvement in pain translated into objective functional improvement including ability to work is not specified in the records provided. MTUS guidelines also recommend urine drug screen to assess for the use or the presence of illegal drugs in patients using opioids for long term. It was noted that on 4-10-15 a drug screen was done and was reported to be inconsistent with prescribed

medications. With this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Butrans 10mcg/hr patch #4 is not established for this patient, therefore is not medically necessary.

Prospective use of Norco: 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, criteria for use.

Decision rationale: Prospective use of Norco: Norco contains Hydrocodone with APAP which is an opioid analgesic in combination with acetaminophen. According to CA MTUS guidelines cited below, a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs. The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to nonopioid means of pain control is not documented in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. MTUS guidelines also recommend urine drug screen to assess for the use or the presence of illegal drugs in patients using opioids for long term. It was noted that on 4-10-15 a drug screen was done and was reported to be inconsistent with prescribed medications. Whether improvement in pain translated into objective functional improvement including ability to work is not specified in the records provided. With this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Prospective use of Norco is not established for this patient, given the records submitted and the guidelines referenced. If this medication is discontinued, the medication should be tapered, according to the discretion of the treating provider, to prevent withdrawal symptoms. Therefore is not medically necessary.