

<b>Case Number:</b>	CM15-0095049		
<b>Date Assigned:</b>	05/21/2015	<b>Date of Injury:</b>	02/01/2007
<b>Decision Date:</b>	06/25/2015	<b>UR Denial Date:</b>	05/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/18/2015

### 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: 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 42 year old female, who sustained an industrial injury on 2/1/07. She reported injuring her back related to repetitive motions. The injured worker was diagnosed as having lumbago and depressive disorder. Treatment to date has included psychiatric sessions, Norco, lumbar surgery and Butrans patch (since at least 8/2014). On 1/8/15, the injured worker's urine drug screen tested negative for Butrans. As of the PR2 dated 4/30/15, the injured worker reported running out of medications and not having adequate relief from Butrans 10mg patch. She would like to try Norco again. The treating physician noted Ritalin in the previous urine drug screen and the injured worker regretted using a medication that was not prescribed to her. The treating physician requested an increase to Butrans patch 15mg #4, a trial of Tylenol 500mg x 12 refills and follow-up visits with treating physician x 24.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Butrans Patch 15 MG #4:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Buprenorphine Page(s): 26, 27, 76-80.

**Decision rationale:** Regarding the request for Butrans (buprenorphine), Chronic Pain Medical Treatment Guidelines state that Butrans is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain as documented in a progress note from 5/13/15. Regarding the negative urine drug test, the patient admits to stopping the Butrans patch due to allergic reaction. In terms of side effects, the patient had stopped Butrans because of an "allergic" reaction. It is unclear why she is now able to tolerate this medication, and therefore it would be recommended for continuation if the worker is allergic to Butran. As such, this medication is not medically appropriate. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Butrans (buprenorphine) is not medically necessary.

**Tylenol (Acetaminophen) 500 MG with 12 Refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CPMTG, Acetaminophen Entry Page(s): 12.

**Decision rationale:** Regarding the request for acetaminophen, Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) state on page 12: "Recommended for treatment of chronic pain & acute exacerbations of chronic pain. With new information questioning the use of NSAIDs, acetaminophen should be recommended on a case-by-case basis. The side effect profile of NSAIDs may have been minimized in systematic reviews due to the short duration of trials. On the other hand, it now appears that acetaminophen may produce hypertension, a risk similar to that found for NSAIDs." Thus this is a first line analgesics and is appropriate for short-term use. The objection, however, is with the time course of 12 refills. Acetaminophen needs to be monitored more closely for efficacy and side effects including elevation of liver transaminases. Therefore, the original request is not medically necessary.

**24 Follow-Up Visits with Treating Physician: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Office visits.

**Decision rationale:** Regarding the request for a follow-up visit, California MTUS does not specifically address the issue. ODG cites that the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. Within the documentation available for review, it is noted that the patient is currently taking multiple medications that warrant routine reevaluation for efficacy and continued need. While a few office visits are appropriate, as with any form of medical treatment, there is a need for routine reevaluation and the need for monthly office visits for x 24 visits cannot be predicted with a high degree of certainty. Unfortunately, there is no provision for modification of the request to allow for an appropriate amount of office visits at this time. In light of the above issues, the currently requested number of follow-up visits are not medically necessary.