

<b>Case Number:</b>	CM13-0022229		
<b>Date Assigned:</b>	03/14/2014	<b>Date of Injury:</b>	06/22/2003
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	08/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2013

### 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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 records presented for review indicate that this 70 year old male was reportedly injured on 6/22/2003. The mechanism of injury is undisclosed. The most recent progress note, dated 7/24/2013, indicates that there are ongoing complaints of low back pain that radiates into the lower extremities, mid back pain radiating to the ribs and anterior chest, and neck pain with radiation to upper scapula/shoulder. The physical examination demonstrated lumbar spine positive tenderness to palpation with spasm noted in the paralumbar region right more than left, limited range of motion, straight leg raise test is positive on the right and 60 degrees sitting, supine producing pain in the buttocks, posterior thigh, and positive to the left 80 degrees producing buttock pain, cervical spine limited flexion/extension, thoracic spine moderate muscle spasm of the para thoracic muscles T3 to T12 bilaterally, positive tenderness from T4 to T10, and neurological exam within normal limits. No recent diagnostic studies are available for review. Previous treatment includes lumbar fusion, medications, and conservative treatment. A request was made for Butrans patch 10 micrograms quantity four, Neurontin 300 milligrams quantity 120, Zantac 150 milligrams quantity 60, home health aide two times a week and was not certified in the preauthorization process on 8/20/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**BUTRANS PATCH 10MG, #4: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 26, 27 of 127.

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) guidelines recommend Buprenorphine (Butrans) for the treatment of opiate addiction and as an option for chronic pain, especially after a detoxification program. Review of the available medical records, fails to document that the injured employee meets the criteria for the use of this medication. As such, this request for Butrans patches is not medically necessary.

**NEURONTIN 300MG, #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 16-20, 49 of 127.

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines considers Neurontin (Gabapentin) to be a first line treatment for neuropathic pain. Based on the clinical documentation provided, there is no evidence that the injured employee has any neuropathic pain nor are any radicular symptoms noted on physical examination. As such, this request for Neurontin is not medically necessary.

**ZANTAC 150MG, #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 68-69 of 127.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) guidelines support the use of proton pump inhibitors/H2 blockers (PPI) in patients taking nonsteroidal antiinflammatory medications with documented gastroesophageal distress symptoms and/or significant risk factors. Review of the available medical records, fails to document any signs or symptoms of gastrointestinal (GI) distress which would require proton pump inhibitor (PPI) treatment. As such, this request is not considered medically necessary.

**CONT HOME HEALTH AIDE, 2 TIMES A WEEK:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Home Health Services Page 51 of 127  
Page(s): 51 of 127.

**Decision rationale:** Home health services are recommended only for otherwise recommended medical treatment for patients who are homebound, on a part time or intermittent basis, generally up to no more than thirty five hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. After review of the medical records provided I was unable to determine any documentation that stated that claimant was homebound. Therefore this request is deemed not medically necessary.