

<b>Case Number:</b>	CM13-0048244		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	06/03/2008
<b>Decision Date:</b>	05/14/2014	<b>UR Denial Date:</b>	10/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Internal Medicine and Pulmonary Diseases, 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 Physician 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 injured worker is a 49-year-old female who reported an injury on 03/2009. The mechanism of injury was not provided. Current diagnoses include pain in a limb, carpal tunnel syndrome, psychogenic pain, and ulnar nerve lesion. The injured worker was evaluated on 12/26/2013. Current medications include Protonix 20 mg, cyclobenzaprine 7.5 mg, and buprenorphine 2 mg. Physical examination was not provided on that date. Treatment recommendations included cognitive behavioral therapy as well as continuation of current medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **BUPRENORPHINE 0.25MG SUBLINGUAL TORCHES #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines BUPRENORPHINE Page(s): 26-27.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines BUPRENORPHINE Page(s): 26-27. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 26-27

**Decision rationale:** The California MTUS Guidelines indicate that buprenorphine is recommended for treatment of opiate addiction. It is also recommended as an option for chronic pain after detoxification in patients who have a history of opiate addiction. The injured worker

does not appear to meet criteria for the requested medication. There is no indication of opiate addiction or previous detoxification. There is also no indication of a satisfactory response despite ongoing use of this medication. There is no frequency listed in the current request. Therefore, the request is non-certified.

**PANTOPRAZOLE 20MG #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK Page(s): 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK Page(s): 68-69.

**Decision rationale:** The California MTUS Guidelines indicate that proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective NSAID. There is no documentation of cardiovascular disease or increased risk factors for gastrointestinal events. Therefore, the injured worker does not meet criteria for the requested medication. There is also no frequency listed in the current request. Therefore, the request is non-certified.

**CYCLOBENZAPRINE 7.5MG #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CYCLOBENZAPRINE (FLEXERIL), Page(s): 41-42.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN), Page(s): 63-66.

**Decision rationale:** The California MTUS Guidelines indicate that muscle relaxants are recommended as nonsedating second line options for short-term treatment of acute exacerbations. Cyclobenzaprine should not be used for longer than 2 to 3 weeks. There is no documentation of a satisfactory response to treatment, despite ongoing use of this medication. There was no physical examination provided for review indicating palpable muscle spasm or spasticity. As guidelines do not recommend long-term use of this medication, the current request is not medically appropriate. There is also no frequency listed in the current request.

**SIX (6) SESSIONS OF CHIROPRACTIC TREATMENT: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SECTION MANUAL THERAPY & MANIPULATION Page(s): 58-60.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SECTION MANUAL THERAPY & MANIPULATION Page(s): 58.

**Decision rationale:** The California MTUS Guidelines indicate that manual therapy and manipulation is recommended for chronic pain. Treatment for the low back is recommended as an option with a therapeutic trial of 6 visits over 2 weeks. Treatment for the forearm, wrist, and hand is not recommended. The specific body part was not listed in the current request. Therefore, the request cannot be determined as medically appropriate. There was also no physical examination provided for review. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.