

<b>Case Number:</b>	CM13-0050235		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	10/08/2008
<b>Decision Date:</b>	02/28/2014	<b>UR Denial Date:</b>	10/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/11/2013

### 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 Anesthesiologist, Pain Medicine and is licensed to practice in Florida. 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 patient is a 58-year-old female who reported an injury on 10/08/2008 due to lifting a heavy patient that reportedly caused injury to her low back. Prior treatments have included physical therapy, medications, and epidural steroid injections. The patient's most recent clinical examination identified that the patient had facet tenderness of the bilateral facet joints of the lumbar spine, a positive bilateral facet loading test, and painful restricted range of motion of the lumbar spine bilaterally. The patient's diagnoses included chronic pain syndrome, disc displacement with radiculitis, lumbosacral spondylosis without myelopathy, morbid obesity, and chronic peptic ulcer. The patient's treatment plan included continuation of medications and a medial branch block.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Butrans patch (quantity 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  
Buprenorphine Page(s): 26.

**Decision rationale:** The requested Butrans patch is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends this use of this type of medication for patients with chronic pain who have a history of opioid addiction. The clinical documentation submitted for review does not provide any evidence that the patient had an opioid addiction and has previously undergone detoxification. The clinical documentation does indicate that the patient has chronic pain and may not be able to tolerate oral formulations of opioid medication due to the history of peptic ulcers; however, as this medication is a recommended treatment for patients with opioid addictions after detoxification and there is no history of this type of issue with the patient, the use of this medication would not be considered appropriate. As such, the requested Butrans patch quantity 4 is not medically necessary or appropriate.

**Dexilant (quantity 30):** Overturned

**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 NSAIDs, specific drug list & adverse effects Page(s): 68.

**Decision rationale:** The requested Dexilant quantity 30 is medically necessary and appropriate. The clinical documentation submitted for review does indicate that the patient has a history of peptic ulcer and is at significant risk for redevelopment of gastrointestinal disturbances related to medication usage. The California Medical Treatment Utilization Schedule does support the use of gastrointestinal protectants for patients who are at significant risk for developing gastrointestinal events. As such, the requested Dexilant Quantity 30 is medically necessary and appropriate.

**Ibuprofen (quantity 90):** Overturned

**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 NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67.

**Decision rationale:** The requested ibuprofen quantity 90 is medically necessary and appropriate. The California Medical Treatment Utilization Schedule recommends medications that are used in the management of a patient's chronic pain be supported by functional benefit and pain relief. The clinical documentation submitted for review does provide evidence that the patient's pain medications do allow for functional benefit and pain relief. Therefore, the continued use of ibuprofen would be indicated. As such, the requested ibuprofen quantity 90 is medically necessary and appropriate.

**Diagnostic medial branch blocks left L3, L4, and L5 under fluoroscopic guidance:**  
Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet Injections, Diagnostic.

**Decision rationale:** The requested diagnostic medial branch block for the left L3-4 and L5 under fluoroscopic guidance is medically necessary and appropriate. Official Disability Guidelines recommend the use of this diagnostic block for patients with facet mediated pain that has failed to respond to conservative treatments. The clinical documentation submitted for review does provide evidence that the patient has a positive facet loading test at the requested levels and that the patient has left sided facet joint tenderness upon palpation at the proposed levels. Additionally, the documentation does indicate that the patient has failed to respond to medications, physical therapy, and a home exercise program. As such, the requested diagnostic medial branch blocks at the left L3-4 and L5 under fluoroscopic guidance is medically necessary and appropriate.