

<b>Case Number:</b>	CM13-0062036		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	10/28/2005
<b>Decision Date:</b>	05/12/2014	<b>UR Denial Date:</b>	11/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2013

### 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 Physical Medicine & Rehabilitation 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 injured worker is a 50-year-old male who reported an injury on 10/28/2005. The mechanism of injury was not provided. Current diagnoses include chronic lumbar spinal pain, status post lumbar spine surgery, and acute exacerbation of chronic spinal pain. The injured worker was evaluated on 12/10/2013. The injured worker reported persistent lower back pain with radiation to bilateral lower extremities. Physical examination revealed 5/5 motor strength in bilateral lower extremities, tenderness to palpation over the L4-S1 facet capsules on the left, myofascial pain with triggering, positive straight leg raising, and decreased sensation in the L4 and L5 dermatomes. Treatment recommendations included continuation of current medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**BUTRANS 20MCG/HR PATCH #4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 74-48, Chronic Pain Treatment Guidelines Opioids for Chronic/Neuropathic pain and Opioids, differentiation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-Pain Chapter, Opioids, differentiation (dependence & addiction).

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

**Decision rationale:** California MTUS Guidelines state buprenorphine is recommended for treatment of opioid addiction. It is also recommended as an option for chronic pain after detoxification in patients who have a history of opioid addiction. The injured worker does not appear to meet criteria for the requested medication. There is no documentation of opioid addiction or detoxification. It is also noted, the injured worker has utilized Butrans patch since at least 05/2013. Documentation of objective functional improvement was not provided. There was also no frequency listed in the current request. As such, the request for Butrans 20mcg/hr patch #4 is not medically necessary and appropriate.

**GABAPENTIN 600MG TID #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Chapter, Page(s): 110. Decision based on Non-MTUS Citation CA MTUS: Antiepilepsy drugs (AEDs)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-18.

**Decision rationale:** California MTUS Guidelines state antiepilepsy drugs are recommended for neuropathic pain. As per the documentation submitted, the injured worker has utilized gabapentin 600 mg since at least 05/2013. There is no documentation of objective functional improvement. There is also no frequency listed in the current request. Therefore, the request for Gabapentin 600mg TID #90 is not medically necessary and appropriate.