MAXIMUS Federal Services

Case Number:	CM13-0065494		
Date Assigned:	01/15/2014	Date of Injury:	10/01/2000
Decision Date:	07/14/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/13/2013

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, has a subspecialty in Pain Medicine, and is licensed to practice in Texas. 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 52-year-old female who reported an injury on 10/01/2000. The mechanism of injury was not provided. The clinical note dated 11/14/2013 noted the injured worker presented with low back and upper gluteal region pain. Upon exam there were low and guarded movements, good range of motion and strength in the lower extremities, and moderately severe tenderness throughout the back. Reflexes were 2/4 in the lower extremities with sensation intact. The diagnoses were post-laminectomy syndrome in the lumbar region, lumbago, and musculoskeletal pain. Prior treatment included the use of Butrans patch which caused increased nausea and continued use of TENS unit for pain relief, the start of Butrans 5 mg an hour for 4 weeks for pain, continued use of Biofreeze, and the start of Xanax as needed. The provider recommended Butran patch and Xanax with a request for authorization form dated 11/21/2013. The provider's rationale was not included in the medical documents.

IMR ISSUES, DECISIONS AND RATIONALES

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

BUTRAN PATCH: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 28-27.

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

Decision rationale: The request for Butran patch is non-certified. The California MTUS Guidelines recommend Butran patch for treatment of opiate addiction. It is also recommended as an option for chronic pain especially after detoxification in injured workers who have a history of opiate addiction. The included medical documents state that the injured worker has been intolerant to Butrans in the past with nausea and there is no discussion as to how the nausea will be avoided this time. There is also a lack of evidence of a significant objective functional improvement and the efficacy of the medication. The request does not indicate the frequency or dose or the site at which the Butrans patch was intended for. As such, the request is non-certified.

XANAX: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazapines Page(s): 24.

Decision rationale: The request for Xanax is non-certified. The California MTUS state that benzodiazepine's range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. They are not recommended for long term use because long term efficacy is not proven and there is a risk of dependence. The Guidelines limit use to 4 weeks. It is not recommended that benzodiazepines be withdrawn abruptly. There is a lack of significant objective examination findings to support possible pathology that would warrant an antianxiety medication. The provider's request did not include a frequency or dose for the Xanax. As such, the request is non-certified.