

Case Number:	CM13-0071729		
Date Assigned:	01/08/2014	Date of Injury:	06/10/2012
Decision Date:	06/06/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	12/30/2013

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 Physical Medicine and 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 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 42 year old female with a reported date of injury on 06/10/2012; the mechanism of injury was not stated in the clinical documents received for review. The injured worker had complaints of low back pain which traveled down the right buttock and down the back of the thigh and calf to the heel and sole of the right foot. Waking was bothersome to her symptoms and laying down eased her symptoms. The injured worker denied sensory symptoms in the right leg but admits to weakness of the right calf. The injured worker denied sphincter related symptoms. The injured worker was examined on 12/02/2013 by her medical doctor. The injured worker stated she had right ankle discomfort. The injured worker had an orthopedic evaluation and a MRI that revealed she had spondylolisthesis of L5 on S1 due to radiating pain of her right leg from her lumbar spine. The injured worker had complaints of low back pain (65% of symptoms and Right leg pain (35 % of symptoms). Mild paraspinal muscle spasm were noted, no spinal tenderness could be elicited, lumbar flexion was possible with hands reaching the knees, and the injured worker was able to walk on her toes and heels with no difficulty. The nerve stretch test as tested by straight leg raising, was unremarkable for radiculopathy. Radiologic Studies showed Lumbar spine MRI (Banner Lassen; 11/2/2010) showed grade I spondylolisthesis of L5 on S1. The medical doctor did not agree with 7mm translation of L5 on S1. X rays of lumbar spine in flexion and extension (MDI) 10/24/2013 reported as showing pars defect at L5-S1 and grade 1 spondylolisthesis. MRI of the lumbar spine (MDI; 12/2/2013) could not confirm the pars defect. EMG/NCV/ (MDI; 11-07/2013) showed no evidence of lumbar spine radiculopathy. On examination 12/04/2013 the injured worker had pain (not rated) with flexion of 5% and tenderness in the LS -spine is 4+ with muscle spasms. When asked to stand and touch toes without bending the knees, the injured worker was unable. The medical doctor

gave the injured worker prescriptions for Gabapentin, Methocarbamol, Norco and Butrans patch. The request for authorization was submitted on 12/09/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

METHOCARBAMOL 750 MG, QTY: 180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN) Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN) Page(s): 65.

Decision rationale: The California MTUS guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most Low Back Pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. The guidelines do not recommend long term use of muscle relaxants. The injured worker reported muscle spasms as documented on the physical exam; however, the severity of the spasms was unclear. Based on the documentation received, the medical necessity for the muscle relaxant medication has not been established. The frequency at which the medication is to be given was not specified within the request. Therefore, the request for Methocarbamol is non-certified.

BUTRANS PATCH 10 MCG QTY: 4: Upheld

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

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

Decision rationale: The California MTUS guidelines recommend Butrans for treatment of opiate addiction. Butrans is also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. There is no clinical documentation indicating failure of first line treatment. There is a lack of documentation of a history of opiate addiction in this patient. The requesting physician's rationale for the request was unclear. Based on the current available documentation, the medical necessity for the medication has not been established. As such, the request for Butrans Patch 10 MCG QTY :4 is non-certified.