

Case Number:	CM14-0002510		
Date Assigned:	01/24/2014	Date of Injury:	05/02/2010
Decision Date:	06/19/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/07/2014

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 Emergency Medicine, and is licensed to practice in New York. 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 patient is a 38-year-old female who was injured on May 2, 2010. The patient continued to experience chronic back pain with spread into her upper back and lower extremities. Physical examination was notable for positive facet maneuvers, symmetrical deep tendon reflexes, and normal gait. Diagnoses included chronic pain syndrome, anxiety disorder, opioid tolerance, and possible fibromyalgia. Treatment included medications, functional restoration program, physical therapy, and psychological counseling.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-L5 EPIDURAL STEROID INJECTION (ESI) AND BILATERAL FACET BLOCKS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE, CHAPTER LOW BACK, 300; the Official Disability Guidelines; and the AMA Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004), CHAPTER 12/LOW BACK COMPLAINTS, 300; Chronic Pain Medical Treatment Guidelines, page 46; the Official Disability Guidelines; and the American Academy of Neurology.

Decision rationale: Epidural steroid injections are recommended as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. There is little information on improved function. The American Academy of Neurology recently concluded that epidural steroid injections may lead to an improvement in radicular lumbosacral pain between 2-6 weeks following the injection, but they do not affect impairment of function or the need for surgery, and do not provide long-term pain relief beyond 3 months, and there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain. In this case documentation in the medical record does not support the finding of radicular pain. There is no indication for epidural injections. Facet joint injections are of questionable merit. As such, the request is not medically necessary.

BUTRAN 10MG QUANTITY: 4: Upheld

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 MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PAIN INTERVENTIONS AND GUIDELINES, 36-37; and the Official Disability Guidelines.

Decision rationale: Butrans is the brand name for buprenorphine, a schedule III controlled substance. It is recommended as an option for the treatment of chronic pain in selected patients. Suggested populations include patients with a hyperalgesic component to pain, patients with centrally mediated pain, patients with neuropathic pain, patients at high-risk of non-adherence with standard opioid maintenance, or for analgesia in patients who have previously been detoxified from other high-dose opioids. Use for pain with formulations other than Butrans is off-label. Due to complexity of induction and treatment the drug should be reserved for use by clinicians with experience. In this case the patient is not a candidate for the suggested populations. As such, the request is not medically necessary.