

Case Number:	CM14-0004242		
Date Assigned:	02/03/2014	Date of Injury:	10/02/2004
Decision Date:	06/20/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/09/2014

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 Orthopedic Surgery 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 claimant is a 47-year-old female who was injured on October 2, 2004. An MRI of the cervical spine was obtained on December 29, 2010. The study demonstrated multilevel degenerative changes with central canal stenosis and severe neuroforaminal stenosis at C5-6. Additionally, there was disc protrusion and spurring at C3-4. Based on the clinical documentation provided, the Butrans patches appear to have been started during the two office visits dated September 13, 2013 and September 26, 2013. The clinician did not give reasoning as to the utilization of Butrans patches in the September 13, 2013 note. The medication is listed as an act of medication prior to the visit on September 26, 2013. The utilization review in question was rendered on January 2, 2014. The claims administrator non-certified the request for Butrans patches and modified the request for chiropractic manipulation from 12 sessions to 9 sessions. The request for Butrans patches was noncertified on the basis of continued use of Norco. The chiropractic sessions were modified to 9 from 12 in accordance with the ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

BUTRANS 10MCG #4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines, Buprenorphine..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines, Buprenorphine.. Decision based on Non-MTUS Citation Non-MTUS Citation: Official Disability Guidelines (ODG) Neck and Upper Back, Manipulation.

Decision rationale: The MTUS states that Buprenorphine is recommended as a treatment option for opiate addiction. It may also be used as an option for chronic pain especially after detoxification individuals have a history of opiate addiction. Based on the clinical documentation provided, the claimant is currently utilizing Butrans patches as well as Norco. Therefore, the request for Butrans patches 10mcg # 4 is not medically necessary and appropriate.

CHIROPRACTIC MANIPULATION 12 SESSIONS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Manipulation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Manipulation.

Decision rationale: The MTUS/ACOEM Guidelines is silent regarding chiropractic manipulation spine. The Official Disability Guidelines (ODG) recommends up to 9 visits per region or 6 visits for cervical nerve root compression with radiculopathy. Based on clinical documentation provided, the request was appropriately modified by the claims administrator. As such, the request for 12 chiropractic visits is not medically necessary and appropriate.