

Case Number:	CM14-0004559		
Date Assigned:	02/05/2014	Date of Injury:	10/28/2005
Decision Date:	06/24/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	01/13/2014

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 Occupational Medicine 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 patient is a 50-year-old male who has submitted a claim for lumbar discopathy with radiculopathy associated with an industrial injury date of October 28, 2005. Medical records from 2012-2013 were reviewed, the latest of which, dated December 10, 2013, revealed that the patient presented with back pain. On physical examination, there was diminished sensation in the L4 and L5 dermatomes. There was pain on palpation over the lumbar facets on the left. There was a positive right Straight leg raising test at 45 degrees. MRI of the lumbosacral spine done last May 1, 2008 revealed bilateral L4, L5 and S1 pedicle screws observed with an L4-5 IVF fusion cage. Treatment to date has included bilateral posterior S1 transforaminal epidural steroid injection under fluoroscopy (11/19/13), hardware injection (1/26/09), hardware removal (5/10/10), physical therapy, and medications which include Norco, Butrans patch, and Cymbalta, Neurontin, Exalgo, and Ketoptofen/Mentoho/Capsaicin/Liposome cream. Utilization review from December 24, 2013 denied the request for Lumbar Epidural Steroid Injections because there was lack of clearly documented corroborating diagnostic studies, physical examination findings, and the levels, approach and laterality were not documented; and modified the request for Butrans 10 MCG/hour patch to Butrans 10 MCG/hour patch no refills because the provided records lack clear documentation of the results of recent urine drug test, risk assessment profile, attempt at weaning/tapering, and updated and signed pain contract, and ongoing efficacy with medication use.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL STEROID INJECTIONS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, EPIDURAL STEROID INJECTION, 46

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 9792.24.2 Page(s): 46.

Decision rationale: According to page 46 of the Chronic Pain Medical Treatment Guidelines, criteria for the use of epidural steroid injections (ESI) include an imaging study documenting correlating concordant nerve root pathology and unresponsiveness to conservative treatment. Furthermore, repeat blocks should only be offered if there is at least 50-70% pain relief for six to eight weeks following previous injection, with a general recommendation of no more than 4 blocks per region per year. In this case, the patient has received extensive treatment for low back pain, including lumbar epidural steroid injections, physical therapy and medications. The latest ESI was done last November 19, 2013, however, the extent of pain relief is unknown due to lack of documentation. In the most recent clinical evaluation, the patient presented with signs and symptoms of radiculopathy that warrant further treatment with lumbar ESI. However, the clinical records do not document the amount of pain relief and if it lasted for at least 6 to 8 weeks. The guideline only recommends repeat ESI if the criteria have been met. Moreover, the specific level to be injected was not indicated. Therefore, the request for Lumbar Epidural Steroid Injections is not medically necessary.

BUTRANS 10 MCG/HOUR PATCH: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 9792.24.2 Page(s): 26-27.

Decision rationale: As stated on pages 26-27 of the Chronic Pain Medical Treatment Guidelines, Buprenorphine is recommended for treatment of opiate addiction, and as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. Official Disability Guidelines state that FDA has approved a once-weekly buprenorphine transdermal system for the management of moderate to severe chronic pain in patients requiring a continuous, around-the-clock opioid analgesic for an extended period. In this case, Butrans patch was prescribed since January 21, 2013 for round the clock pain control. He has a history of long-term use of opioid analgesic for chronic pain; however, there is no history of opiate addiction. There is no documentation of the results of a recent urine drug testing, or attempt at weaning or tapering of current opioid analgesics. The guideline criteria were not met. Therefore, the request for Butrans 10 MCG/Hour Patch is not medically necessary.

