

Case Number:	CM14-0006335		
Date Assigned:	02/05/2014	Date of Injury:	01/26/2010
Decision Date:	06/20/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	01/14/2014

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 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 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 31 year old female who reported an injury on 01/26/2010. The mechanism of injury was reported to be from lifting. Per the clinical note dated 04/02/2013 the injured worker had attended 24 physical therapy sessions and 12 acupuncture sessions. There have been no other therapies reported since that time. The injured worker reported continuing low back pain rated 6/10 and left hip pain rated 7/10 with weakness and parathesia to the leg. Upon physical exam the injured worker was reported to have 3-4+ tenderness of the lumbar musculature and 3+ tenderness to the right hip. Muscle rigidity was noted to the lumbar, upper trapezius, cervical, thoracic, and lumbar paraspinal muscles. There was decrease in range of motion to the Lumbar region with flexion noted to be 60 degrees, right lateral bending was 25 degrees, left lateral bending was 20 degrees, right rotation was 30 degrees and left rotation was 15 degrees. Deep tendon reflexes were active and symmetrical to all extremities and sensation to pinprick was intact to all extremities as well. The range of motion to hips was also decreased with the left greater than right. Left hip flexion was 120 degrees, right was normal, bilateral extension was 25 degrees and bilateral abduction was 70 degrees. The diagnoses for the injured worker included left hip derangement, lumbar sprain/strain, lumbar degenerative disc disease with left radiculopathy, and chronic pain syndrome. Per the x-ray dated 10/09/2013 of the lumbar spine there was no acute abnormality. The request for authorization for medical treatment was dated 12/10/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

BURTRANS 5MCG/HR #4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 27-28. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Medications, Buprenorphine for chronic pain.

Decision rationale: Per CA MTUS guidelines buprenorphine has been introduced in most European countries as a transdermal formulation ("patch") for the treatment of chronic pain. However, the available formulations for opiate addiction are Buprenorphine hydrochloride which is supplied as an injection solution, Subutex which is supplied as a sublingual tablet or Buprenorphine hydrochloride and naloxone hydrochloride which is also supplied as a sublingual tablet. Per the Official Disability Guidelines burtrans was FDA-approved for moderate to severe chronic pain. There is a lack of documentation regarding the intended use of this medication. The documentation provided does show chronic pain for the injured worker; however, there is also an indication of opioid abuse. The buprenorphine patch is not indicated for opiate withdrawal treatment. In addition this medication was previously approved for a one week prescription; however there is a lack of documentation as to the efficacy of the medication and any possible side effects the injured worker may have experienced. Therefore, the request for Butrans 5mcg/hr #4 is not medically necessary and appropriate.

NEURONTIN 300 MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-epilepsy drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific anti-epilepsy drugs Page(s): 18-19.

Decision rationale: Per CA MTUS guidelines neurontin has been shown to be effective for the treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. There is a lack of documentation regarding the efficacy and the indications for use of this medication. The guidelines state if there is an inadequate response to this medication a change should be made; however, no documentation was provided indicating the injured was benefitting from this medication. Therefore, the request for neurontin 300mg #90 is not medically necessary and appropriate.

BACLOFEN 10 MG #15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-64.

Decision rationale: CA 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 LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. In addition, efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Baclofen is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. There is a lack of documentation regarding the clinical use for this medication. In addition, the guidelines state muscle relaxants are not recommended for long term use and in low back pain they show no benefit over NSAID's. The provided documentation did not specify how long the injured worker had been taking this medication or the efficacy of the medication. Therefore, the request for Baclofen 10mg #15 is not medically necessary and appropriate.