

Case Number:	CM14-0106102		
Date Assigned:	07/30/2014	Date of Injury:	01/17/2006
Decision Date:	09/03/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	07/07/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 69-year-old male who reported an injury on 01/17/2006. The mechanism of injury was not stated. Current diagnoses include lumbar post laminectomy syndrome and depressive disorder. The injured worker was evaluated on 05/16/2014 with complaints of chronic low back pain. It is noted that the injured worker has a history of failed back syndrome and pain medication dependence. The current medication regimen includes Buprenorphine 2 mg and Suboxone 8 mg-2 mg. Physical examination revealed absent Achilles deep tendon reflex in the right lower extremity. Treatment recommendations included continuation of the current medication regimen and a trial of acupuncture therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans 20mg, #4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 27-28.

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

Decision rationale: California MTUS Guidelines recommend Buprenorphine for treatment of opiate addiction. It is also recommended as an option for chronic pain after detoxification in

patients who have a history of opiate addiction. The injured worker does maintain a medical history of opiate addiction. However, it was noted that the injured worker's current medication regimen includes Buprenorphine 2 mg. Therefore, the medical necessity for Butrans 20 mg has not been established. There is also no frequency listed in the current request. As such, the request is not medically necessary.

Robaxin 500mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66..

Decision rationale: California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short term treatment of acute exacerbation. Efficacy appears to diminish over time and prolonged use may lead to dependence. There is no documentation of the injured worker's current utilization of this medication. There was also no documentation of palpable muscle spasm or spasticity upon physical examination. There is no frequency listed in the current request. As such, the request is not medically necessary.