

<b>Case Number:</b>	CM14-0110198		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	05/03/2012
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	06/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2014

### 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 General Surgery and is licensed to practice in Texas. 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 58 year old male with a reported date of injury on May 03, 2012. The mechanism of injury is described as pushing a very heavy 180 pound piece of equipment, it got caught in a hole, and the injured worker lifted it and continued to work. The injured worker developed back pain and failed non-operative treatment. The injured worker underwent a second spine surgery on January 11, 2014, which included a posterior decompression and fusion for non union at L4-5. An orthopedic primary treating physician's progress report dated July 31, 2014 noted the injured worker is temporary totally disabled through October 01, 2014. On June 19, 2014 another PR2 note by the same treating physician documented physical exam of the lumbar spine revealed range of motion (ROM) at 60 degrees flexion and 10 degrees extension. Straight leg raise negative. Ankle dorsiflexors and plantar flexors are 5/5, quadriceps 5/5, and iliopsoas 5/5. X-rays of lateral and anterior posterior lumbar spine showed a posterior hardware locking screw had loosened. The injured worker was advised the locking screw would need to be removed but not until the anterior fusion became a bit more solid. The treatment plan included Butrans patch, Lyrica, and urine drug screens. Physical therapy has been completed in the past, however the efficacy and number of these sessions is unknown.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 x 6, lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy., Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Physical therapy

**Decision rationale:** This is a claimant with chronic low back pain. There was previous lumbar fusion with failed fusion that necessitated revision on 1/31/14. The office notes on 5/28/14 has the first mention of post op physical therapy. There are no physical therapy (PT) notes available for review. The claimant has been afforded multiple sessions of PT including those prescribed after the initial fusion. ODG Low Back section holds that 34 sessions of post op PT over 16 weeks is reasonable for treatment after the fusion has matured. Assuming the claimant started post op PT the first week of June 2014, the 16 week period would have ended by end of September. Without some discussion as to participation in and progress from the sessions attended, no determination as to the medical necessity of the request for continued PT 2x 6 weeks can be determined. As the documentation provided is inadequate to support continued monitored PT, the claimant should persist in self directed home exercise program. The request remains not medically necessary.

**Butrans 15mg patch # 4:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** It appears the claimant was started on Butrans patch (transdermal buprenorphine) post operatively. The claimant had urine drugs screen on 6/19/14 which revealed NO buprenorphine detected. Subsequent office note 7/31/14 notes the discrepancy and yet continues the medication. The claimant is now 4+ months following successful revision fusion, it is not clear why Butrans which is indicated for severe pain is being prescribed. Furthermore the claimant does not have any issues that preclude oral medications. CAMTUS would suggest that opioids should be monitored through use of urine drug screen as well as using the CURES system. Given the noncompliance as evidenced by 6/19/14 UDS, other less potent medications should be considered. The documentation provided does not support the need for continued BUTRANS (transdermal Buprenorphine). This request remains not medically necessary.