

<b>Case Number:</b>	CM14-0028571		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	07/31/2001
<b>Decision Date:</b>	07/17/2014	<b>UR Denial Date:</b>	02/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2014

### 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 & 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 56-year-old male who reported an injury on 07/31/2001 due to an unknown mechanism. The injured worker had complaints of left sided low back pain and bilateral low back pain, which was worsening. There are also complaints of increase in muscle spasms. The injured worker described severity of pain as 6/10, which was constant but variable in intensity. The injured worker had a physical examination on 05/14/2014 that revealed normal neurological exam, musculoskeletal exam he had antalgic gait and forward flexed body posture. The injured worker had a laminectomy in the past. Diagnostic studies were not submitted with the document for review. The diagnoses were degeneration of lumbosacral intervertebral disc, lumbago, lumbar post-laminectomy syndrome, and thoracic or lumbosacral neuritis or radiculitis, unspecified. The injured worker has had several courses of physical therapy and stated that he does home exercises and stretching routines along with walking. The medications were Zanaflex 4mg one twice daily, Neurontin 300mg one three times daily, Suboxone 8/2mg up to six times a day as needed for pain, cyclobenzaprine 10mg one twice a day as needed, and Lunesta 3mg one at bedtime as needed. The treatment plan was to continue medications as prescribed and continue home exercises. The rationale for the request was discussed in the note, which stated these medications allow the injured worker to effectively manage pain and maintain current levels of function. The request for authorization was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ONE EXERCISE BICYCLE:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47.

**Decision rationale:** The request for one exercise bicycle is non-certified. The injured worker had several courses of physical therapy and reportedly is doing home exercises, stretching and walking. California Medical Treatment Utilization Schedule recommends exercise programs including aerobic conditioning and strengthening. There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. The injured worker is doing home exercises, stretching and walking. The request for one bicycle does not seem medically necessary as the guidelines do not recommend one exercise over another for patients with chronic pain. The request for authorization was submitted. Therefore, the request is non-certified.

**BUPRENORPHINE 8/2 MG SUBLINGUAL:** Upheld

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

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

**Decision rationale:** The request for buprenorphine 8/2mg sublingual is non-certified. The injured worker has been on this medication for a few years and pain level allows for more mobility to exercise and walk. California Medical Treatment Utilization Schedule states buprenorphine is recommended for treatment of opiate addiction and for chronic pain for patients who have a history of opiate addiction. Although the guidelines for managing chronic pain are being met in the documentation, the request is lacking directions for taking buprenorphine and the quantity. Therefore, the request is non-certified.