

Case Number:	CM14-0050583		
Date Assigned:	09/05/2014	Date of Injury:	09/21/2007
Decision Date:	10/17/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/16/2014

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 Nevada. 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 records, presented for review, indicate that this 51-year-old female was reportedly injured on September 21, 2007. The most recent progress note, dated April 15, 2014, indicated that there were ongoing complaints of low back pain radiating to the bilateral lower extremities. Pain was rated at 8-9/10 without medications and 4/10 with medications. Current medications include Cymbalta, nortriptyline, and trazodone. The physical examination demonstrated tenderness over the lumbar spine and the paravertebral muscles from L4 through S1. There was decreased range of motion of the lumbar spine secondary to pain. There was a positive facet loading test. The neurological examination revealed decreased strength with the extensor muscles of L4 through S1 and a positive straight leg raise test bilaterally. Diagnostic imaging studies of the lumbar spine revealed mild disc desiccation at L4-L5 with a disc protrusion. Previous treatment included right knee arthroscopic surgery, physical therapy, pain management, and oral medications. A request had been made for Butrans patches, gabapentin, and Tylenol with Codeine and was not certified in the pre-authorization process on April 3, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans 10Meg/hr patch Meg/hour apply one patch to skin every 7 days for pain #4:
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: According to the California Chronic Pain Medical Treatment Guidelines, Butrans patches are recommended for treatment of opiate addiction. Also, it is recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. A review of the medical records does not indicate that the injured employee has this condition. Considering this, the request for Butrans patches are not medically necessary.

Gabapentin 600mg one (1) TID #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 Page(s): 16-20, 49.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines considers gabapentin to be a first-line treatment for neuropathic pain. Based on the clinical documentation provided, the injured employee has complaints and physical examination findings of neuropathic pain. As such, the request for Gabapentin is not medically necessary.

Tylenol #3 one (1) BID PRN #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 35.

Decision rationale: Tylenol with Codeine is a short acting opiate indicated for the management in controlling mild to moderate pain. This medication is often used for intermittent or breakthrough pain. The California MTUS guidelines support short-acting opiates at the lowest possible dose that establishes improvement (decrease) in the pain complaints and increased functionality, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A review of the medical records does not indicate that the injured employee has an objective decrease in pain and improvement of functional status with use of this medication. As such, the request for Tylenol#3 is not medically necessary.