

<b>Case Number:</b>	CM14-0063465		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	10/26/2010
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	04/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2014

### 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, has a subspecialty in Sports Medicine 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 63-year-old male who reported an injury on 10/26/2010 while working as a truck driver. The mechanism of injury was not provided. The clinical note dated 04/14/2014 noted the injured worker presented with complaints of low back pain with radiating leg symptoms, sleep disturbance, and weight gain. Prior therapy included physical therapy, epidural steroid injections, and medications. Upon examination of the lumbar spine, there was diffuse severe tenderness, as well as facet tenderness. The lumbar range of motion values were 10 degrees of bilateral bending, 30 degrees of bilateral flexion, and 30 degrees of bilateral extension, all movements of the lumbar spine were limited and guarded. Lower extremity motor test for the left side were 4/5 for plantar flexion, foot eversion, foot inversion, extensor hallucis, knee extension, and hip flexion. The lower extremity reflex testing was +1 bilaterally for the knee and ankle. An electromyogram (EMG) revealed chronic bilateral L5 radiculopathy and lumbar spine x-rays revealed mild L5 to S1 disc space narrowing. The diagnoses were supra-morbid obesity, psoriasis with probable psoriatic arthropathy, probable sleep apnea, hypertension, and lumbar radiculopathy. The provider recommended prospective request for 60 tablets of naproxen 200 mg and prospective request of 4 patches of Butrans 10 mcg. The provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PROSPECTIVE REQUEST FOR #60 TABLETS OF NAPROXEN 200MG:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 70.

**Decision rationale:** The request for prospective request for 60 tablets of naproxen 200 mg is not medically necessary. The California MTUS Guidelines recommend the use of NSAIDS for injured workers with osteoarthritis including knee and hip and injured workers with acute exacerbations of chronic low back pain. The guidelines recommend NSAIDS at the lowest dose for the shortest period in injured workers with moderate to severe pain. Acetaminophen may be considered for initial therapy for injured workers with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular, or renovascular risk factors. In injured workers with acute exacerbation of chronic low back pain, the guidelines recommend NSAIDS as an option for short-term symptomatic pain relief. The included documentation states that naproxen is a continued medication, and there is no evidence in the documentation that states how long the injured worker was prescribed this medication. The efficacy of the medication was not provided. There was lack of evidence of significant objective functional improvement with the use of this medication. Guidelines recommend the lowest dose for the shortest period of time for moderate to severe pain, there was lack of evidence of an adequate pain assessment for the injured worker. The request did not indicate the frequency of the medication. As such, the request is not medically necessary.

**PROSPECTIVE REQUEST OF 4 PATCHES OF BUTRANS 10MCG:** Upheld

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

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

**Decision rationale:** The request for prospective request of 4 patches of Butrans 10 mcg is not medically necessary. The California MTUS recommends buprenorphine for treatment of opiate addiction. Also, recommended as an option for chronic pain, especially after detoxification in injured workers who have history of opiate addiction. Few studies have been reported on the efficacy of buprenorphine for completely withdrawing injured workers from opioids. In general, the results of studies are medically assisted withdrawal using opioids have shown poor outcomes. The rationale given for Butrans patch was for continuous pain, the main recommend of the Butrans patch is for opioid withdrawal; however, there was no mention of opiate withdrawal or need for opioid detoxification within the medication documents. Butrans patch was a continued medication for the injured worker, the efficacy of the medication was not provided, and the length of time that the injured worker has been on the Butrans patch was not provided. The provider's request did not indicate the frequency of the medication. As such, the request is not medically necessary.

