

<b>Case Number:</b>	CM14-0066323		
<b>Date Assigned:</b>	10/01/2014	<b>Date of Injury:</b>	07/30/1997
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	04/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/09/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services Sent The Complete Case File To An Expert Reviewer. The physician has No Affiliation with the Employer, Employee, Providers or the Claims Administrator. The Expert Reviewer Is Board Certified In Occupational Medicine And Is Licensed To Practice In California. The physician 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 the physician Clinical Experience, Education, Background, and Expertise in the same or Similar Specialties That Evaluate and/or Treat the Medical Condition and Disputed Items/Services. The physician 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:

Patient is a 52 year-old male with date of injury 07/30/1997. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 04/11/2014, lists subjective complaints as pain in the ribs, extending to the back, neck, left side and left arm. Objective findings: Examination of the cervical spine was met with pain at the end-ranges of rotation on Spurling's maneuver and on full extension. There was some pain in the shoulder with this maneuver. Range of motion of the lumbar spine was limited all in planes. Straight leg raising was positive on both sides when the left was brought to 90 degrees at the hip and full extension of the knee. Simultaneous ankle dorsiflexion produced pain with associated tingling in the toes. Decreased sensation to sharp-dull discrimination with pinwheel testing over the toes and throughout the left leg, left thigh, left back, buttock, and up to the ribs. Sensation to pinprick was preserved throughout the right hemibody, with the exception of the toes. Hoffman's reflex was negative. Motor exam was grade 5 with ankle dorsiflexion, toe extension, EHL, eversion, and inversion on both feet. Diagnosis: 1. Complex regional pain syndrome 2. Paresthesias of toes and feet 3. Status post lumbar discectomy and fusion L5-S1 4. Cervical disc protrusion, C6-C7. The medical records supplied for review document that the patient has been prescribed the following medication for at least as far back as two months. Medications: 1. Butrans Patch 20mg, #4

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-94.

**Decision rationale:** Butrans Is Indicated For The Management Of Pain Severe Enough To Require Daily, Around-The-Clock, Long-Term Opioid Treatment And For Which Alternative Treatment Options Are Inadequate. A Previous Utilization Review Decision Provided The Patient With Sufficient Quantity Of Medication To Be Weaned Slowly Off Of Narcotic. The Chronic Pain Medical Treatment Guidelines State That Continued Or Long-Term Use Of Opioids Should Be Based On Documented Pain Relief And Functional Improvement Or Improved Quality Of Life. Despite The Long-Term Use Of Narcotics, The Patient Has Reported Very Little, If Any, Functional Improvement Or Pain Relief Since Starting Butrans. Therefore, Butrans 20mg #4 Is Not Medically Necessary.

**Multidisciplinary functional restoration program consult:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain 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) Pain (Chronic), Chronic pain programs (functional restoration programs)

**Decision rationale:** Criteria For Admission To A Multidisciplinary Pain Management Program Delineated In The Official Disability Guidelines Are Numerous And Specific. Although The Patient Certainly Appears To Be A Candidate For A Functional Restoration Program, The Medical Record Must Document, At A Minimum, Which Previous Methods Of Treating The Patient's Chronic Pain Have Been Unsuccessful And There Is An Absence Of Other Options Likely To Result In Significant Clinical Improvement, And An Adequate And Thorough Multidisciplinary Evaluation Has Been Made. There Is No Documentation That A Multidisciplinary Evaluation Has Been Completed, And It Is Unclear If Further Treatment Such As Surgery Is Merited. In Addition, The Physician Is Still Varying The Treatment Plan And Ordering Additional Studies, Which Indicates That Further Treatment May Be Planned For This Patient. Admission To A Pain Management Program Is Not Medically Necessary.

**SCS trial:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105-107.

**Decision rationale:** According To MTUS, Indications For Spinal Cord Stimulator Are Failed Back Syndrome, Complex Regional Pain Syndrome, Post Amputation Pain, Postherpetic Neuralgia, Spinal Cord Injury, Pain Associated With Multiple Sclerosis, And Peripheral Vascular Disease. In Addition, Psychological Screening Should Be Obtained Prior To A Spinal Cord Stimulator Trial, Especially For Serious Conditions Such As Severe Depression Or Schizophrenia. There Is No Documentation In The Medical Record That The Patient Has Undergone A Psychiatric Evaluation Addressing The Issue Of A Spinal Cord Stimulator. Therefore, the spinal cord stimulator is not medically necessary.