

Case Number:	CM14-0077090		
Date Assigned:	07/18/2014	Date of Injury:	12/17/2001
Decision Date:	09/17/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	05/27/2014

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 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 65-year-old female who reported an injury on 12/17/2001. The mechanism of injury was not provided. On 05/07/2014, the injured worker presented with lumbar complaints and experiencing back stiffness, radicular pain in the left leg, and pain in the hip. Current medications include Prestique, Centrum Silver, Lexapro, omeprazole, Butrans, and atorvastatin. Upon examination, the injured worker ambulated with the use of a cane in the right hand, there was 3/5 muscle strength in the right hip flexor and right hip abductor. "Muscle shows decrease in strength full and strength asymmetric, normal muscle tone without atrophy or abnormal movements." There was decreased light touch sensation to the left L5 and L4 dermatome. There was a positive Fabere's bilaterally and pain to palpation over the L3-4, L4-5, and L5-S1 facet capsules to the left. There was increased myofascial pain and decreased range of motion. The diagnoses were acute exacerbation of chronic low back pain, acute exacerbation of chronic low back pain secondary to an increase in disc annular tears, and an MRI revealed a 2.8 mm disc protrusion versus herniation in neutral, flexion, and extension at T12-L1. The provider recommended Butrans 20 mcg an hour, Pristiq 100 mg, and physical therapy 2 times 5 for the lumbar spine. The provider's rationale was not provided. The Request for Authorization form was dated 05/09/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

BUTRANS 20 MCG/HR PATCH (APPLY 1 PATCH TO SKIN FOR 7 DAYS.) X 3
REFILLS: Upheld

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

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

Decision rationale: California MTUS recommend Buprenorphine for treatment of opioid addiction. It is also recommend it as an option for chronic pain, especially after detoxification in injured workers who have a history of opioid addiction. Buprenorphine (Butrans) has been introduced as a transdermal patch for treatment of chronic pain. There is lack of evidence in the included documentation that the injured worker was recommended for treatment of an opioid addiction. There is also lack of information on if the injured worker is recommended for toxification. The efficacy of the prior use of Butrans was not provided. There is lack of exceptional factors provided in the documentation submitted to support approving outside the guideline recommendations. The request for Butrans 20 mcg an hour patch (apply 1 patch to skin for 7 days) x3 refills is not medically necessary.

PRISTIQ 100MG 1 TABLET ORALLY DAILY (QD.)#30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTIDEPRESSANTS FOR CHRONIC PAIN.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressant for chronic pain Page(s): 13.

Decision rationale: The California MTUS Guideline recommend antidepressants as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Assessments and treatment efficacy should not only include pain outcomes, but also an evaluation of function, changes in use of analgesic medication, and sleep quality and duration. Side effects including excessive sedation, especially of that would affect work performance, should be assessed. The optimal duration of treatment is not known because most of the blind trials have been of short duration between 6 to 12 weeks. The injured worker has been prescribed Pristiq since at least 12/2013, the efficacy of the medication has not been provided. Additionally, there is lack of evidence of an objective assessment of the injured worker's pain level. The request for Pristiq 100 mg 1 tablet orally daily with a quantity of 30 is not medically necessary.

PHYSICAL THERAPY 2X5 FOR THE LUMBAR SPINE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

Decision rationale: The California MTUS state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The guidelines recommend up to 10 visits of physical therapy for up to 4 weeks. There was lack of documentation indicating the injured worker's prior course of physical therapy, as well as the efficacy of the prior therapy. Additionally, injured workers are instructed and expected to continue active therapies at home, and there is no significant barriers to transitioning the injured worker to an independent home exercise program. The request for physical therapy 2 times 5 for the lumbar spine is not medically necessary.