

Case Number:	CM14-0197099		
Date Assigned:	12/05/2014	Date of Injury:	08/15/2009
Decision Date:	01/22/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/24/2014

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 Occupational 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 applicant has filed a claim for chronic neck, mid back, and low back pain reportedly associated with an industrial injury of August 15, 2009. In a Utilization Review Report dated November 4, 2014, the claims administrator partially approved a request for Zanaflex while failing to approve request for Butrans patches and electrodiagnostic testing of the bilateral lower extremities. The claims administrator stated that its decision was based on a progress note dated October 27, 2014. The applicant was status post two epidural steroid injections. The applicant was using multiple medications and a TENS unit, the attending provider posited. The applicant's attorney subsequently appealed. In an October 23, 2014 progress note, the applicant reported ongoing complaints of mid back pain, knee pain, bilateral foot pain, and low back pain. The applicant apparently had issues with superimposed fibromyalgia. The note was difficult to follow and mingled historical concerns with current concerns. The applicant reportedly had normal electrodiagnostic testing of May 2013. The applicant reportedly had MRI imaging of May 2013 which demonstrated L4-L5 changes and anterolisthesis at L4-L5. The applicant was not working, it was suggested. 5/5 lower extremity strength was noted. Some altered sensorium was apparently appreciated about the right L5 distribution. The applicant did exhibit a normal gait with normal tandem gait. The applicant was asked to start Butrans patches and employ Zanaflex for pain relief. MRI imaging of lumbar spine and thoracic spine were sought in conjunction with electrodiagnostic testing of the bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans Patch Weekly 10mcg/Hr Transdermal: 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.

Decision rationale: While page 26 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that Buprenorphine or Butrans is recommended for the treatment of opioid addiction and is recommended as an option for chronic pain in applications who are previously detoxified of opioids, in this case, however, it was not clearly stated that the applicant had in fact previously detoxified off opioids. It was not clearly stated why Buprenorphine had been selected here. There was no mention of buprenorphine's being employed for opioid addiction purposes or opioid detoxification purposes. No clear or compelling rationale for introduction of this particular agent was proffered by the attending provider. Therefore, the request is not medically necessary.

Electromyography/Nerve Conduction Study (EMG/NCS) of the Bilateral Lower Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 309 and 377.

Decision rationale: As noted in the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309, EMG testing is "not recommended" for applicants with a clinically obvious radiculopathy. In this case, the attending provider's progress notes seemingly suggested that the applicant did, in fact, have a clinically obvious radiculopathy with evidence of disk protrusion and/or L4-L5 anterolisthesis which was the source of the applicant's ongoing radicular complaints. It is not clear why repeat electrodiagnostic testing of the bilateral lower extremities was sought in the context of the applicant's already carrying an operating diagnosis of clinically-evident, radiographically-confirmed lumbar radiculopathy. Similarly, the MTUS Guideline in ACOEM Chapter 14, Table 14-6, page 377 also notes that electrical studies are "not recommended" for routine ankle or foot problems without evidence of tarsal tunnel syndrome, entrapment neuropathy, or compression neuropathy. In this case, there was no mention of the applicant's carrying a diagnosis of entrapment neuropathy, compression neuropathy, or carpal tunnel syndrome. There was no mention of the applicant's carrying a diagnosis such as diabetes, hypothyroidism, or alcoholism which would predispose the applicant toward development of a lower extremity neuropathy. The applicant was described on October 23, 2014 as having a history of prediabetes, which is not necessarily a substantive risk factor for development of a lower extremity peripheral neuropathy or generalized peripheral neuropathy. Again, the attending provider did not outline a compelling rationale for pursuit of electrodiagnostic testing of the bilateral lower extremities in the face of the applicant's already carrying a diagnosis of

clinically-evident, radiographically-confirmed lumbar radiculopathy. Therefore, the request is not medically necessary.