

<b>Case Number:</b>	CM15-0004194		
<b>Date Assigned:</b>	01/15/2015	<b>Date of Injury:</b>	08/10/2008
<b>Decision Date:</b>	03/19/2015	<b>UR Denial Date:</b>	01/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 50-year-old female who reported a repetitive strain injury on 08/10/2008. The current diagnoses include neck pain, sciatica, and lumbar spine sprain. The injured worker presented on 12/04/2014, with complaints of neck and low back pain. The injured worker reported a flare-up of low back pain in the past several weeks. The injured worker was evaluated in the emergency department, where she was given a prescription for Norco. The injured worker was evaluated in the office, where the provider issued a prescription for Butrans patch. The injured worker noted that she was in significant pain, and had been utilizing the Norco 5/325 mg during the daytime. Upon examination of the bilateral upper extremities, there was normal muscle tone without atrophy, 5/5 motor strength, and no swelling or edema. Upon examination of the lumbar spine, there was 10 degree extension, 40 degree flexion, positive straight leg raise bilaterally, and spasm with guarding. Treatment recommendations included a lumbar support brace, and continuation of the current medication regimen. A Request for Authorization form was then submitted on 12/29/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Butrans 5mcg/hr patch #4:** Upheld

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

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

**Decision rationale:** The California MTUS Guidelines recommend buprenorphine for treatment of opiate addiction. It has also been recommended as an option for chronic pain after detoxification in patients who have a history of opiate addiction. The injured worker does not meet the above mentioned criteria. There is no documentation of a previous detoxification or opiate addiction. There is also no frequency listed in the request. Given the above, the request is not medically appropriate.

**Lumbar brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. There was no documentation of spinal instability upon examination. The medical necessity has not been established in this case. Given the above, the request is not medically appropriate.