

Case Number:	CM15-0005784		
Date Assigned:	01/20/2015	Date of Injury:	07/29/2004
Decision Date:	03/13/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/12/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 49 year old female, who sustained a work related injury on 7/29/04. The diagnoses have included lumbar sprain, post-laminectomy lumbar region, post-laminectomy cervical region, cervicgia, disc displacement and lumbago. Treatment to date has included caudal epidural steroid injection, physical therapy, chiropractic treatments, Butrans patch and oral medications. In the PR-2 dated 11/5/14, the injured worker complains of intermittent neck pain, mild intensity. She rates the pain a 4/10 on pain scale. She complains of constant, moderate pain in lumbar area. She rates this pain a 6/10. She states all pain is helped by taking the pain medications. Activity makes pain worse. On 12/17/14, Utilization Review non-certified a prescription request for Butrans DIS 5mcg/HR #4, #30, noting this is not reasonable or medically necessary. The California MTUS, Chronic Pain Treatment Guidelines, were cited. On 12/17/14, Utilization Review non-certified a prescription request for Polyethylene Glycol Powder 3350 NF, Qty 225, #25, noting this is not medically necessary. Non- MTUS, ACOEM Guidelines, was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans DIS 5mcg/HR #4 d/s 30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain section, Butrans

Decision rationale: Pursuant to the Official Disability Guidelines, Butrans Dis 5mcg/hr #4, #30 is not medically necessary. Butrans is recommended as an option for treatment of chronic pain in selected patients (not first-line for all patients). The suggested population includes patients with hyperalgesic component to pain; patients with centrally mediated pain; patients with neuropathic pain; and patients at high risk of nonadherence with standard opiate maintenance; for analgesia in patients with previously been detoxified from other high-dose opiates. Butrans is a schedule III controlled substance. In this case, the injured worker's working diagnoses are cervical postlaminectomy syndrome; cervicalgia; lumbar postlaminectomy syndrome; and lumbago. Subjectively, the injured worker complains of cervical spine pain and lumbar spine pain. The latter radiates the left foot. There is numbness and tingling present objectively. Straight leg raising test is negative. The worker ambulates independently and the neurologic evaluation is within normal limits. Butrans is indicated in patients with a hyperalgesic component to pain; patients with centrally mediated pain; patients with neuropathic pain; and patients at high risk of nonadherence with standard opiate maintenance; for analgesia in patients with previously been detoxified from other high-dose opiates. There is no documentation in the medical record that meets the suggested patient populations above. There is no documentation of previous detoxification from other high-dose opiates. Additionally, Butrans was started November 5, 2014. The documentation from January 7, 2015 not contain evidence of objective functional improvement to gauge efficacy since starting Butrans November 5, 2014. Consequently, absent clinical documentation with objective functional improvement to support the ongoing use of Butrans, Butrans Dis 5mcg/hr #4, #30 is not medically necessary.

Polyeth Glyc Pow 3350 NF qty: 225 d/s 25: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation US National Library of Medicine

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a603032.html>

Decision rationale: Pursuant to Medline plus, polyethylene glycol powder 3350 NF, 225 g D/S 25 is not medically necessary. Polyethylene glycol powder is a laxative. It works by softening the stool and increase in the frequency of bowel movements by retaining water in the stool. In this case, the injured worker's working diagnoses are cervical postlaminectomy syndrome; cervicalgia; lumbar postlaminectomy syndrome; and lumbago. Subjectively, the injured worker complains of cervical spine pain and lumbar spine pain. The latter radiates the left foot. There is numbness and tingling present objectively, the cervical and lumbar spine attended a palpation. Straight leg raising test is negative. The worker ambulates independently and the neurologic evaluation is within normal limits. There are no subjective complaints of constipation. The

review of systems (gastrointestinal) indicates the injured worker denies heartburn, change in bowel habits, nausea or vomiting. There is no documentation regarding complaints of constipation due to medication (opiate) use. Polyethylene glycol powder is not documented in the treatment plan and medical record. As a result, the start date is unknown. Consequently, absent clinical documentation of opiate induced constipation to support the use of polyethylene glycol powder, polyethylene glycol powder 3350 NF, 225 g D/S 25 is not medically necessary.