

Case Number:	CM15-0187267		
Date Assigned:	09/29/2015	Date of Injury:	07/14/2008
Decision Date:	11/10/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	09/23/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 34 year old, male who sustained a work related injury on 7-14-08. A review of the medical records shows he is being treated for neck and low back pain. Current medications include Butrans patches, Ibuprofen, Oxycodone and Restoril. He has been taking the Oxycodone since at least 5-2014. He has been using the Butrans patches since at least 6-2015. In the last few progress notes, the injured worker reports back and neck pain are getting worse. He has radicular pain and numbness to 4-5th fingers in both hands. He has low back pain with radicular pain in left leg. In the progress notes dated 7-27-15, he rates his low back pain an 8-10 out of 10. He rates his leg pain a 7-10 out of 10. In the progress notes dated 8-10-15, the provider notes "medication provides effective pain relief. Medication allows patient to experience less pain and be more active from day to day performing activities of daily living which improves quality of life." On physical exam dated 8-10-15, he has paraspinal tenderness over C5-6, C6-7, T1-2, and L3-5. He has decreased range of motion in the lumbar spine. No documentation of working status. The treatment plan includes an increase in Oxycodone dose to twice a day, a refill on the Butrans patches and for an MRI of the lumbar spine. In the Utilization Review dated 9-14-15, the requested treatments of an MRI of the lumbar spine, Butrans 20mcg-hr patches and Oxycodone HCL 20mg. #60 are not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (Magnetic Resonance Imaging) of the lumbar spine without contrast material, quantity: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Summary.

Decision rationale: According to the ACOEM guidelines, an MRI of the lumbar spine is recommended for red flag symptoms such as cauda equina, tumor, infection, or uncertain neurological diagnoses not determined or equivocal on physical exam. There were no red flag symptoms. There was no plan for surgery. The claimant had unchanged MRI in 2014 from 2102 showing disc bulging in L4-L5. The request for another MRI of the lumbar spine is not medically necessary.

Butrans 20mcg/hr patch: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Buprenorphine.

Decision rationale: Buprenorphine (Butrans) is used for treatment of opioid addiction or for chronic pain after detoxification of opioid use. Its use as a patch has been used due to the advantages of no analgesic ceiling, good safety profile and ability to suppress opioid withdrawal. In this case there is no mention of opioid addiction or need for opioid detoxification. As a result, the use of Butrans patches is not medically necessary.

Oxycodone BCI 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids for neuropathic pain.

Decision rationale: Oxycodone is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain . It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on opioids including prior Norco for over a year without significant improvement in pain or function. There was no mention of Tylenol, Tricyclic or weaning failure. The continued use of Oxycodone is not medically necessary.