

<b>Case Number:</b>	CM15-0022100		
<b>Date Assigned:</b>	02/11/2015	<b>Date of Injury:</b>	08/05/2013
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	02/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/05/2015

### 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, Arizona  
 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 26-year-old male who reported an injury on 08/05/2013. The mechanism of injury was not specifically stated. The current diagnoses include lumbago, somatic dysfunction of the lumbosacral spine and pelvis, and deconditioning. The injured worker presented on 12/29/2014 for a follow-up evaluation with complaints of persistent low back pain. It was noted that the injured worker had been previously treated with 20 sessions of physical therapy. The injured worker denied associated numbness and tingling. The current medication regimen was not listed on that date; however, it was noted that the injured worker had utilized naproxen in the past. Upon examination, there were 2+ deep tendon reflexes in the bilateral upper extremities, diminished patellar tendon reflexes on the left in the left lower extremity, normal range of motion of the lumbar spine, positive femoral stretch tests bilaterally, a positive faber test on the left, tenderness at the right gluteus and left piriformis, and intact sensation. Recommendations included an x-ray of the pelvis and lumbar spine, 6 sessions of chiropractic treatment, and electro diagnostic studies. On 01/12/2015, a change of medication note was submitted indicated that the injured worker was issued prescriptions for Butrans 5 mcg and Robaxin 50 mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Butrans 5mg, q 7 days:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26-27. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter; FDA, (Butrans).

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

**Decision rationale:** The California MTUS Guidelines state buprenorphine is recommended for treatment of opiate addiction. It is also recommended as an option for chronic pain after detoxification in patients who have a history of opiate addiction. In this case, there was no indication that this injured worker had been treated for an opiate addiction. There was no documentation of a previous detoxification. There was no mention of a failure of first line treatment prior to the request for Butrans. The request as submitted also failed to indicate a quantity. As such, the request is not medically appropriate.

**Robaxin 500mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back chapter; Muscle Relaxants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

**Decision rationale:** The California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short-term treatment of acute exacerbations. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, it was noted on 01/12/2015 that the injured worker had tenderness to palpation and spasm in the lumbosacral paravertebral muscles upon examination. However, the request as submitted failed to indicate a frequency. Therefore, the request is not medically appropriate at this time.