

Case Number:	CM15-0059044		
Date Assigned:	04/03/2015	Date of Injury:	07/12/1996
Decision Date:	05/11/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	03/27/2015

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 72-year-old male, who sustained an industrial injury on 07/12/1996. He has reported injury to the low back. The diagnoses have included mechanical low back pain; discogenic low back pain; and post-laminectomy syndrome. Treatment to date has included medications, diagnostic studies, intrathecal pain pump, motorized scooter, pool therapy, physical therapy, and surgical intervention. Medications have included Nortriptyline, Butrans, and Norco. A progress note from the treating physician, dated 03/13/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of constant pain across his back; sleepy during the day; does not sleep well at night; and has had temporary improvement with his pool program. Objective findings have included transfers with stiffness and guarding; limited range of motion of the lower extremities due to pain; his back is limited in all directions; and has moderate to severe tenderness to palpation over his low back. The treatment plan has included the request for Butrans 5 mcg #4; and for community pool program x6 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans 5mcg #4: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Initiating Therapy Buprenorphine Page(s): 77, 27.

Decision rationale: The patient presents on 03/13/15 with unrated lower back pain, difficulty sleeping and performing activities of daily living secondary to pain. The patient's date of injury is 07/12/96. Patient is status post laminectomy and fusion at L3-S1 in 2010 and status post intrathecal opioid pump placement on 09/05/13. The request is for Butrans 5MCG #4. The RFA is dated 03/16/15. Physical examination dated 03/13/15 reveals moderate to severe tenderness to palpation of the lumbar spine, stiffness and guarding upon patient transfer, and decreased range of motion and sensation of the lower extremities. The patient is currently prescribed Nortriptyline. Diagnostic imaging was not included. Per 03/13/15 progress note, patient is advised to remain off work for >1 year. MTUS Guidelines page 77 under Criteria for the use of Opioids states: "Initiating Therapy: a. Intermittent pain: Start with a short-acting opioid trying one medication at a time. b. Continuous pain: extended-release opioids are recommended. Patients on this modality may require a dose of "rescue" opioids. The need for extra opioid can be a guide to determine the sustained release dose required. c. Only change 1 drug at a time. d. Prophylactic treatment of constipation should be initiated. e. If partial analgesia is not obtained, opioids should be discontinued." Specifically addressing Buprenorphine, MTUS page 27 has the following: "Recommended. When used for treatment of opiate dependence, clinicians must be in compliance with the Drug Addiction Treatment Act of 2000. Buprenorphine's pharmacological and safety profile makes it an attractive treatment for patients addicted to opioids. Buprenorphine's usefulness stems from its unique pharmacological and safety profile, which encourages treatment adherence and reduces the possibilities for both abuse and overdose. Studies have shown that buprenorphine is more effective than placebo and is equally as effective as moderate doses of methadone in opioid maintenance therapy. Few studies have been reported on the efficacy of buprenorphine for completely withdrawing patients from opioids. In general, the results of studies of medically assisted withdrawal using opioids (-e.g., methadone)- have shown poor outcomes. Buprenorphine, however, is known to cause a milder withdrawal syndrome compared to methadone and for this reason may be the better choice if opioid withdrawal therapy is elected." The request for an initial trial of Butrans patches for this patient's chronic pain is medically appropriate. The documentation provided does not indicate that this patient has trialed Butrans patches to date, and progress note dated 03/13/15 indicates that this patient spends about 85% of his time bedridden secondary to pain. This patient does have an intrathecal morphine pump, though it appears that this is ineffective at current dosing and the provider is requesting the Butrans patches as an adjunct for breakthrough pain. Given this patient's significant surgical history and unresolved pain, which significantly impacts function, a trial of Butrans patches could produce significant quality of life/functional improvements. Therefore, the request is medically necessary.

Community pool program x6 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Physical medicine Page(s): 22, 98-99.

Decision rationale: The patient presents on 03/13/15 with unrated lower back pain, difficulty sleeping and performing activities of daily living secondary to pain. The patient's date of injury is 07/12/96. Patient is status post-laminectomy and fusion at L3-S1 in 2010 and status post intrathecal opioid pump placement on 09/05/13. The request is for community pool program x6 months. The RFA is dated 03/16/15. Physical examination dated 03/13/15 reveals moderate to severe tenderness to palpation of the lumbar spine, stiffness and guarding upon patient transfer, and decreased range of motion and sensation of the lower extremities. The patient is currently prescribed Nortriptyline. Diagnostic imaging was not included. Per 03/13/15 progress note, patient is advised to remain off work for >1 year. MTUS Guidelines, page 22, under Aquatic therapy states: "Recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy -including swimming- can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. For recommendations on the number of supervised visits, see Physical medicine." MTUS Guidelines, pages 98-99, under Physical Medicine: "Allow for fading of treatment frequency -from up to 3 visits per week to 1 or less-, plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified: 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified, 8-10 visits over 4 weeks. Reflex sympathetic dystrophy: 24 visits over 16 weeks." In regard to the request for 6 months of aquatic therapy sessions for the management of this patient's chronic lower back pain, the requesting provider has exceeded guideline recommendations. The documentation provided indicates that this patient has received some aquatic therapy to date with benefits. However, the requested 6 months of pool therapy exceeds guideline recommendations, which only allow up to 10 visits. Additionally, a "community pool program" does not necessarily constitute supervised aquatic therapy with a licensed provider. Therefore, this request is not medically necessary.