

Case Number:	CM15-0088363		
Date Assigned:	05/12/2015	Date of Injury:	08/09/2007
Decision Date:	06/12/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/07/2015

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: New Jersey
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 64-year-old female, with a reported date of injury of 08/09/2007. The diagnoses include cervical radiculopathy, cervical degenerative disc disease, chronic neck pain, status post cervical fusion, cervical myofascial strain, and cervical herniated nucleus pulposus. Treatments to date have included six acupuncture sessions with some relief, electrodiagnostic studies on 06/30/2011, anterior cervical disc fusion at C5-6 on 11/29/2011, oral medications, an MRI of the cervical spine on 07/27/2011, two physical therapy sessions with minimal relief, neck surgery in 2011, electrodiagnostic studies of the bilateral upper extremities on 06/30/2011 and 10/16/2014 which showed evidence of active-on-chronic right C5 radiculopathy, oral medications, topical pain medication. The progress report dated 04/10/2015 indicates that the injured worker reported persistent neck and back pain, which she rated 6-8 out of 10. The pain was improved with medication and changing positions. The injured worker reported radiation of pain down her right arm to her wrist, which she rated 5-8 out of 10. She said she had weakness in the bilateral hands. The injured worker indicated that she had headaches with radiation behind her ears and at times to her forehead. She continued to have spasm in her neck and back. The physical examination showed pain with cervical spine range of motion, pain with cervical facet loading bilaterally, hypertonicity of the cervical paraspinals at bilateral C3-7, left trapezius, left levator scapula with noted twitch response, tenderness to palpation of the bilateral cervical paraspinals at C3-7, left trapezius, left levator scapula with noted twitch response, and limited cervical range of motion. The treating physician requested a single positional MRI for the cervical spine and four Butrans patch 10mcg to be applied to the skin once every seven days for pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Single position magnetic resonance imaging (MRI) of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The MTUS ACOEM Guidelines state that for most patients presenting with true neck or upper back problems, special studies are not needed unless a 3-4 week period of conservative care and observation fails to improve symptoms. The criteria for considering MRI of the cervical spine includes: emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, looking for a tumor, and clarification of the anatomy prior to an invasive procedure. In the case of this worker, there was insufficient documentation to show clear physical findings suggestive of cervical neuropathy, which might help justify the ordering of an MRI of the cervical spine. Documented was normal dermatome sensation, normal strength and normal range of motion of the cervical spine. Therefore, the request for cervical MRI is not medically necessary at this time and based on the documentation provided for review.

Four (4) Butrans patch 10mcg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine, pp. 26-27, AND Opioids, 78-96. Decision based on Non-MTUS Citation ODG, Pain section Buprenorphine.

Decision rationale: The MTUS Chronic Pain Guidelines state that for a therapeutic trial of opioids, there needs to be no other reasonable alternatives to treatments that haven't already been tried, there should be a likelihood that the patient would improve with its use, and there should be no likelihood of abuse or adverse outcome. Before initiating therapy with opioids, the MTUS Chronic Pain Guidelines state that there should be an attempt to determine if the pain is nociceptive or neuropathic (opioids not first-line therapy for neuropathic pain), the patient should have tried and failed non-opioid analgesics, goals with use should be set, baseline pain and functional assessments should be made (social, psychological, daily, and work activities), the patient should have at least one physical and psychosocial assessment by the treating doctor, and a discussion should be had between the treating physician and the patient about the risks and benefits of using opioids. Initiating with a short-acting opioid one at a time is recommended for

intermittent pain, and continuous pain is recommended to be treated by an extended release opioid. Only one drug should be changed at a time, and prophylactic treatment of constipation should be initiated. The MTUS Chronic Pain Treatment Guidelines also state that buprenorphine is primarily recommended for the treatment of opiate addiction, but may be considered as an option for chronic pain treatment, especially after detoxification in patients with a history of opiate addiction. Buprenorphine is recommended over methadone for detoxification as it has a milder withdrawal syndrome compared to methadone. The ODG also states that buprenorphine specifically is recommended as an option for the treatment of chronic pain or for the treatment of opioid dependence, but should only be prescribed by experienced practitioners. Buprenorphine is only considered first-line for patients with: 1. Hyperalgesia component to pain, 2. Centrally mediated pain, 3. Neuropathic pain, 4. High risk of non-adherence with standard opioid maintenance, and 5. History of detoxification from other high-dose opioids. In the case of this worker, she was using Norco regularly without significant reports of addiction or dependence. There was no explanation found in the notes provided for review as to why Butrans patches were prescribed over other first-line opioids or other medication classes. Therefore, without a more clear indication for Butrans patches specifically for pain control, the request is not medically necessary at this time.