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| Case Number: | CM14-0166013 | | |
| Date Assigned: | 10/13/2014 | Date of Injury: | 11/14/2013 |
| Decision Date: | 12/19/2014 | UR Denial Date: | 09/18/2014 |
| Priority: | Standard | Application Received: | 10/08/2014 |

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. The expert reviewer is Board Certified in Geriatrics and is licensed to practice in New York. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 56-year-old male, with a reported date of injury of 11/14/2013, in which he sustained injuries to his back. The past diagnoses include axial neck pain; low back pain with radicular symptoms to the lower extremities; status post lumbar spine surgery; and chronic pain syndrome. The current diagnoses include cervical spine sprain/strain; thoracic spine sprain/strain; lumbar spine sprain/strain; right knee sprain/strain; status post lumbar spine hemangioma removal. The treatments have included 13 acupuncture sessions for the cervical, thoracic, and lumbar spines; 9 physical therapy sessions for the lumbar spine and right knee; Gabapentin; Norco; Motrin; Neurostimulator transcutaneous electrical nerve stimulation (TENS) unit; and electrical muscle stimulation (EMS) unit. Diagnostic studies have included an MRI of the cervical spine on 07/31/2014, which showed an hemangioma at C5, degenerative spondylolisthesis of C6 on C7, multi-level disc protrusion and herniation; MRI of the lumbar spine on 05/01/2014, which indicated multi-level disc herniation with multi-level neuroforaminal narrowing; bilateral upper extremity electromyography on 02/20/2014, which showed bilateral medial sensory neuropathy and left ulnar neuropathy; and bilateral lower extremity electromyography/nerve conduction velocity studies on 03/03/2014, which showed no evidence of bilateral lumbosacral radiculopathy. The medical records provided for review do not include the medical report and the Request for Authorization for the requested item. The medical record dated 07/11/2014 indicated that the injured worker complained of pain in his neck and lower back, which radiated to the arms and lower extremities. The pain was more on the left side. He described his pain as constant and sharp, and rated it a 9-10 out of 10. The pain was worsened with prolonged sitting, standing, and activity. The pain interferes with his activities of daily living and sleep, and is relieved with medication and rest. The injured worker complained of weakness in his legs. He indicated that the physical therapy and acupuncture did not provide

significant relief of pain. The physical examination showed decreased cervical spine range of motion; decreased lumbar spine range of motion; positive bilateral straight leg raise; and positive Patrick's test on the left side. The injured worker had decreased sensation to light touch over the left L5 dermatome. He indicated that he could not live and function without pain medication. On 09/18/2014, Utilization Review (UR) denied the request for Butrans DIS 5mcg/hr, days supply: 14, quantity: 2. The UR physician noted that the MTUS Guidelines mentions that opioids should be used only if needed for severe pain and only for a short time. The UR physician also noted that there has been chronic opioid use since at least 12/18/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans DIS 5mcg/hr, Days Supply: 14, Quantity: 2: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines When to Discontinue Opioids Page(s): 26; 80. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter, Butrans

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-80.

Decision rationale: According to the guidelines referenced, for opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit of 7/14 fails to document any significant improvement in pain, functional status or side effects to justify long-term use. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but appears limited. The Butrans DIS 5mcg/hr, Days Supply: 14, Quantity: 2 is not medically necessary.