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| <b>Case Number:</b>   | CM14-0089671 |                              |            |
| <b>Date Assigned:</b> | 07/23/2014   | <b>Date of Injury:</b>       | 11/04/2008 |
| <b>Decision Date:</b> | 09/29/2014   | <b>UR Denial Date:</b>       | 05/29/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/13/2014 |

### 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 Anesthesiology and is licensed to practice in Pain Medicine. 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 62 year old male injured on 11/04/08 due to an undisclosed mechanism of injury. Diagnoses include lumbar disc displacement without myelopathy. The injured worker underwent lumbar laminectomy in 1995 and 2012. MRI of the lumbar spine performed on 05/06/14 indicated extensive lumbar spondylosis with endplate irregularities at multiple levels, post-surgical changes at the lower lumbar spine, no obvious nerve root impingement, linear enhancing scar tissue seen at the right parasagittal plane at level of L5 without involvement at the adjacent nerve roots. Clinical note dated 05/20/14 indicated the injured worker presented complaining of low back pain radiating to the right lower extremity with associated numbness and tingling into the right foot. The injured worker also complained of intermittent left lower extremity pain with numbness and tingling in the left foot. The injured worker reported request to wean off Buprenorphine in the future with reduction and dependency of medication. Physical examination revealed tenderness to palpation at the lumbosacral junction, range of motion lumbar spine was decreased by 30% with flexion and extension, 20% with rotation bilaterally, sensation decreased to light touch on the right lower extremities in the L5 dermatomal distribution, straight leg raise positive on the right at 50 degrees, motor strength 4/5 with right foot dorsal flexion and extensor halluc longus, and clonus was negative bilaterally. Medication included Buprenorphine 0.25mg sublingual 2 tablets every 8 hours. Treatment plan include epidural steroid injection with lysis of adhesions to break up scar tissue present on MRI with continuation of medication regimen. The initial request for steroid lumbar epidural with lysis of adhesion, lumbar epidurogram with IV sedation and fluoroscopic guidance at L4-5 quantity 1 and Buprenorphine 0.25mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Steroid Lumbar Epidural with Lysis of Adhesions; Lumbar Epidurogram with IV Sedation and Fluoroscopic Guidance, at L4-L5 Quantity: 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Updated 05/10/2013, Percutaneous Adhesiolysis.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, Epidural steroid injections (ESIs) Page(s): 46.

**Decision rationale:** As noted on page 46 of the Chronic Pain Medical Treatment Guidelines, epidural steroid injections are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Radiculopathy must be corroborated by imaging studies and/or electrodiagnostic testing. Prior to approval for epidural steroid injections, patients must show failure to all conservative treatment modalities to include physical therapy, chiropractic therapy, acupuncture, NSAIDs, opioids, etc. There is no indication that conservative therapy has been attempted prior to injection therapy. As such, the request for Steroid Lumbar Epidural with Lysis of Adhesions; Lumbar Epidurogram with IV Sedation and Fluoroscopic Guidance, at L4-L5 Quantity: 1 cannot be recommended as medically necessary.

**Buprenorphine 0.25 Sublingual Troches; Two tab q8h Quantity: 180: 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 (ODG), Pain Chapter, Updated 01/07/2014, Buprenorphine for Opioid Dependence.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26, 27.

**Decision rationale:** As note on page 26 of the Chronic Pain Medical Treatment Guidelines, Butrans is recommended for treatment of opiate addiction and also as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction Suggested injured worker populations include those with a hyperalgesic component to pain; centrally mediated pain; neuropathic pain; high-risk of non-adherence with standard opioid maintenance; and for analgesia in patients who have previously been detoxified from other high-dose opioids. There is no indication in the documentation that first-line treatment options were attempted prior to Butrans. Additionally, there is no evidence of opiate addiction or prior detoxification requiring specialized medication regimens. Further, there is no indication of functional improvement as a result of medication use. As such, the request for Buprenorphine 0.25 Sublingual Troches; Two tab q8h Quantity: 180 is not supported as medically necessary.

