

Case Number:	CM15-0069664		
Date Assigned:	04/17/2015	Date of Injury:	03/04/2002
Decision Date:	05/18/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/13/2015

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 (IW) is a 53-year-old male who sustained an industrial injury on 03/04/2002. Diagnoses include neck pain-bilateral, herniated discs- C4-5 and C5-6, cervical disc displacement, cervical degenerative disc disease, cervical spine stenosis, numbness and tingling of the left arm and hands and bilateral arm weakness. Treatment to date has included medications, physical therapy, steroid injections, nerve blocks, facet blocks, wrist splints and surgeries. Diagnostics included x-rays, MRIs and electrodiagnostic testing. Several of the documents submitted with the medical records were difficult to decipher. According to the progress notes dated 3/9/15, the IW reported neck pain radiating to the bilateral arms to the fingers with severe, sharp pain, numbness, tingling and burning sensations to both hands; he stated this pain has increased. The PR2 dated 3/20/15 noted the IW continued to have significant pain in the cervical area with decreased range of motion and severe bilateral knee pain. A request was made for CT myelogram of the cervical, thoracic and lumbar spine and for Baclofen 10mg, #150 and Butrans 10mcg (RFA states 10mcg, RX states 15mcg), #4.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT Myelogram of the Cervical Thoracic and Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, CT & CT Myelography (computed tomography), pages 383-384.

Decision rationale: Guidelines states criteria for CT myelogram to include preoperative planning if MRI is unavailable or in patients with previous surgery. Submitted reports documented the patient with unchanged chronic symptoms, clinical finding without any surgical procedure planned. Additionally, there were no reports of acute red-flag indicators, new injuries, progressive neurological deterioration or acute clinical changes for the diagnostic study in a noted stable patient. The patient also had previous imaging studies. Criteria for the imaging study have not been met. Therefore, the request is not medically necessary and appropriate.

Baclofen 10mg, #150: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64-65.

Decision rationale: Baclofen USP is a centrally acting muscle relaxant and anti-spastic that may be useful for alleviating signs and symptoms of spasticity resulting from multiple sclerosis, reversible and in patients with spinal cord injuries and other spinal cord diseases. However, Baclofen is not indicated in the treatment of skeletal muscle spasm as in this case. MTUS Guidelines do not recommend long-term use of Baclofen and medical necessity has not been established. Submitted documents have not demonstrated any functional improvement from treatment of Baclofen being prescribed for this chronic injury. Therefore, the request is not medically necessary and appropriate.

BuTrans 10mcg (RFA States 10mcg/ Rx States 15mcg) #4: Upheld

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

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

Decision rationale: Submitted reports have not demonstrated the indication or medical necessity for this medication request. Per MTUS Chronic Pain, BuTrans or Buprenorphine is a scheduled III controlled substance recommended for treatment of opiate addiction or opiate agonist dependence. Request has been reviewed previously and non-certified for rationale of lack of pain contract, indication, and documentation of opioid addiction. Buprenorphine has one of the most high profile side effects of a scheduled III medication. Per the Guidelines, opioid use in the

setting of chronic, non-malignant, or neuropathic pain is controversial and use should be reserved for those with improved attributable functional outcomes. This is not apparent here as this patient reports no change in pain relief, no functional improvement in daily activities, and has not decreased in medical utilization or self-independence continuing to treat for chronic pain symptoms. There is also no notation of any functional improvement while on the patch nor is there any recent urine drug screening results in accordance to pain contract needed in this case. Without sufficient monitoring of narcotic safety, efficacy, and compliance for this individual along with no weaning process attempted for this chronic injury. Medical necessity for continued treatment has not been established for Buprenorphine. Therefore, the request is not medically necessary and appropriate.