

<b>Case Number:</b>	CM15-0076208		
<b>Date Assigned:</b>	04/27/2015	<b>Date of Injury:</b>	12/27/2009
<b>Decision Date:</b>	05/28/2015	<b>UR Denial Date:</b>	03/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2015

### 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 York, Tennessee  
 Certification(s)/Specialty: Emergency Medicine

### 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 was a 34 year old male, who sustained an industrial injury, December 27, 2009. The injured worker previously received the following treatments cervical spine CT scan, cervical spine MRI, EMG/NCS (electrodiagnostic studies and nerve conduction studies), bone scan, X-rays of the cervical spine, ice, Vicodin, Naproxen, Soma and Nortriptyline. The injured worker was diagnosed with degeneration of the cervical intervertebral disc, cervical disc displacement, cervical radiculopathy, postlaminectomy syndrome of the cervical spine, chronic neck pain and left shoulder pain. According to progress note of January 8, 2015, the injured workers chief complaint was headaches and neck pain with radiation into the left shoulder. There was associated symptoms of numbness and weakness of the left arm. The injured worker described the pain as constant dull, achy and stabbing. The injured worker was having trouble with sleeping and performing activities of daily living. The physical exam noted there was tilting of the neck to the left side. On axial compression of the cervical spine noted tenderness in the left trapezius. There was restricted range of motion of the cervical spine. The sensation to light touch was diminished over the C5 and C6 dermatomes. The treatment plan included Butrans Patches, NSAIDS and muscle relaxants.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Unspecified Butrans Patches (Unknown dosage and quantity): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 26-27. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain buprenorphine.

**Decision rationale:** Butrans is transdermal buprenorphine. Buprenorphine is a partial opioid agonist. It is recommended as an option for treatment of chronic pain (consensus based) in selected patients (not first-line for all patients). Suggested populations: (1) Patients with a hyperalgesic component to pain; (2) Patients with centrally mediated pain; (3) Patients with neuropathic pain; (4) Patients at high-risk of non-adherence with standard opioid maintenance; (5) For analgesia in patients who have previously been detoxified from other high-dose opioids. Use for pain with formulations other than Butrans is off-label. Due to complexity of induction and treatment the drug should be reserved for use by clinicians with experience. In this case there is no documentation that the patient is included in any of populations suggested for treatment with buprenorphine. Butrans is not indicated. The request is not medically necessary.

**Unspecified NSAIDs (Non-steroidal anti-inflammatory drugs) (Unknown dosage and quantity): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs Page(s): 67-68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 67-68.

**Decision rationale:** Chronic Medical Treatment Guidelines state that "anti-inflammatory drugs are the traditional first line of treatment, but long term use may not be warranted." For osteoarthritis it was recommended that the lowest dose for the shortest length of time be used. It was not shown to be more effective than acetaminophen, and had more adverse side effects. Adverse effects for GI toxicity and renal function have been reported. Medications for chronic pain usually provide temporary relief. Medications should be prescribed only one at a time and should show effect within 1-3 days. Record of pain and function with the medication should be documented. In this case the patient had been receiving NSAID;s since at least November 2014 without relief. The duration of treatment increases the risk of adverse effects with little benefit. The request should is not medically necessary.

**Unspecified Muscle Relaxants (Unknown dosage and quantity): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-Sedating Muscle Relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Procedure Summary, Non-Sedating Muscle Relaxants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 63.

**Decision rationale:** Non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment (less than two weeks) of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications. These drugs should be used with caution in patients driving motor vehicles or operating heavy machinery. In this case the patient has been taking muscle relaxants since at least November 2014. The duration of treatment surpasses the recommended short-term duration of two weeks. The request is not medically necessary.