MAXIMUS Federal Services

Case Number:	CM13-0018947		
Date Assigned:	03/12/2014	Date of Injury:	09/15/2003
Decision Date:	06/02/2014	UR Denial Date:	08/01/2013
Priority:	Standard	Application Received:	08/30/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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 61-year-old female, who was injured on September 15, 2003, in a mechanism that is not denoted. The injured worker was diagnosed spondylosis of the lumbosacral area, pain in the joint of the lower leg, degenerative joint disease, bilateral meniscal tears, left lateral epicondylitis, and chronic pain not otherwise specified. The physical examination from July 19, 2013, demonstrated the injured employee ambulates without assistance. There were spasms and guarding in the lumbar spine. Deep tendon reflexes were trace at the patella and Achilles. There were no motor deficits. Range of motion of the knees was 130 degrees and stable with testing. The provider notes that Buprenorphine is utilized to treat chronic pain and has been beneficial by reducing the patient's pain and increasing function. It allows her to exercise with less pain and further decrease her pain level. Vicodin and Norco have been used in the past, but caused side effects. Buprenorphine is used intermittently (although prior medical records suggest regular refills of the medication, typically 4/day). Diclofenac sodium gel is utilized as the patient has a long history of oral medications, but has experienced side effects such as a rash with etodolac. The gel helps decrease the need to use more of the pain medications. She is tolerating it well without any side effects. 7/15/13 medical report identifies that Buprenorphine helps some with pain, but that she continues to require a home chair lift and a recliner chair due to her chronic pain. Pain is reported as 8/10 without medication, with no score noted with medication. Bilateral knee surgery has been recommended, but it was not provided given her morbid obesity. 7/15/13 urine drug screen was positive for benzodiazepine and negative for opioids including Buprenorphine. A utilization review determination dated August 1, 2013 noted that Ketamine cream has been certified; however medications including Buprenorphine 0.25 mg sublingual troches and Diclofenac sodium 1.5% were not. The oldest

available medical report from 2/11/13 notes use of Buprenorphine and topical Diclofenac and Ketamine.

IMR ISSUES, DECISIONS AND RATIONALES

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

BUPRENORPHINE 0.25MG SUBLINGUAL TROCHES (RETROSPECTIVE): Upheld

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

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

Decision rationale: The CA MTUS guidelines indicate that Buprenorphine is indicated for the treatment of opioid addiction and also as an option for chronic pain especially after detoxification in injured workers who have a history of opiate addiction. There was no recent medical documentation provided for review indicating the injured worker is being treated for opioid addiction or for chronic pain after detoxification, but there does appear to be a history of long-term opiate analgesic therapy. In the context of opiate use for chronic pain, the CA MTUS notes that close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is documentation suggesting that the medication provides some pain relief and functional benefit, although the pain relief is not quantified. However, the patient's urine drug screen was noted to be negative for opioids including Buprenorphine, and while the patient is noted to take the medication only intermittently, the medical records suggest regular refills, typically for 4/day, and there is no discussion regarding aberrant use in light of these findings. As such, ongoing use is not supported and, while opioids should not be discontinued abruptly if a patient is regularly utilizing them, there is, unfortunately, no provision for modification of the current request. In light of the above issues, the currently requested Buprenorphine is not medically necessary.

DICLOFENAC SODIUM 1.5%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Section Page(s): 111-112.

Decision rationale: Regarding the request for Diclofenac sodium 1.5%, California MTUS cites that topical NSAIDs are indicated for "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to

support use." Within the documentation available for review, there is documentation of tricompartmental knee osteoarthritis. However, it appears that the medication has been utilized for longer than the 4-12 weeks recommended by the CA MTUS. In light of the above issues, the currently requested Diclofenac sodium 1.5% is not medically necessary.