

Case Number:	CM13-0035067		
Date Assigned:	12/13/2013	Date of Injury:	06/08/2010
Decision Date:	05/14/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	10/16/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Illinois. 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 physician 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.

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 59-year-old female who reported an injury on 06/08/2010 after a fall. The injured worker reportedly sustained an injury to her right shoulder and left knee. The injured worker's treatment history included surgical intervention, immobilization, physical therapy, postoperative physical therapy, and multiple medications. The injured worker was evaluated on 09/04/2013. It was documented that the injured worker complained of knee, neck, and right shoulder pain rated at a 7/10 with medications that was increased to an 8/10 to 9/10 without medications. The injured worker's medication schedule included a Butrans patch and Voltaren 1% gel. Physical findings included restricted range of motion of the cervical spine secondary to pain with tenderness to palpation over the spinal process from the C4 through the C7 levels with myofascial trigger points identified in the right rhomboid muscles. The injured worker's diagnoses included myalgia/myositis, right elbow pain, right shoulder pain, left knee pain, medication-related dyspepsia, and history of failed Neurontin/Lyrica and oral pain medications. The injured worker's treatment plan included a urine drug screen, acupuncture, consideration of elbow surgery, and refill of medications. The request for re-authorization dated 10/09/2013 documented that the injured worker was intolerant of oral analgesics and had a positive response with the Butrans patch and have allowed her to continue to work.

IMR ISSUES, DECISIONS AND RATIONALES

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

BUTRANS 5MG PATCH: Upheld

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

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

Decision rationale: The requested Butrans patch 5 mg is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does recommend the use of this medication for injured workers who have developed intolerance to oral analgesics. The clinical documentation submitted for review does indicate that the injured worker has failed to respond to several types of oral medications to include opioids, nonsteroidal anti-inflammatory drugs, and anticonvulsants. It is also documented that the injured worker receives adequate pain control from this medication that allows her to continue to work. Therefore, the use of this medication would be appropriate for this patient. However, the request as it is submitted does not provide a frequency or duration of treatment. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested Butrans 5 mg patch is not medically necessary or appropriate.

VOLTAREN GEL 1%, 1-2 GRAMS TID #200: Upheld

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

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

Decision rationale: The requested Voltaren gel 1%, one to 2 grams 3 times a day #200 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does recommend the topical application of nonsteroidal anti-inflammatory drugs for injured workers who are not tolerant of oral formulations or when oral formulations of this type of medication are contraindicated for the patient. The clinical documentation does indicate that oral formulations of nonsteroidal anti-inflammatory drugs have failed to control the injured worker's pain. However, the clinical documentation submitted for review does indicate that the injured worker has been using this medication since at least 03/2012. California Medical Treatment Utilization Schedule does not support the extended use of nonsteroidal anti-inflammatory topical analgesics. The use of this type of medication should be limited to 4 weeks. The clinical documentation supports that the injured worker has been using this medication for an extended duration of time. Continued use would not be supported. As such, the requested Voltaren gel 1%, one to 2 grams 3 times a day #200 is not medically necessary or appropriate.