

Case Number:	CM14-0153730		
Date Assigned:	09/23/2014	Date of Injury:	06/01/2006
Decision Date:	10/24/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/19/2014

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 Physical Medicine and Rehabilitation 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:

Patient is a 54-year-old female who has submitted a claim for cervical discopathy with facet syndrome, associated with an industrial injury date of 06/01/2006. Medical records from 2014 to September 2014 were reviewed. Patient complained cervical pain, numbness, tingling, and stiffness. The exact mechanism of the injury was not mentioned. She also noted pain in the bilateral shoulders and neck. Rest improved the condition. Pain score was 7-8/10. She has undergone surgeries in the wrist and carpal tunnel. Physical examination of the right shoulder revealed pain and limited range of motion with abduction to 120 degrees with signs of impingement. The right hand has 4+/5 muscle strength and sensation was diminished. The left hand has 5/5 muscle strength and intact sensation. There was pain with flexion of the left wrist. There was pain along the paraspinous area of the cervical spine with radiation to both shoulders. C6 and C8 dermatome decreased light touch sensation bilaterally. In the neck, there was tenderness, with secondary myofascial pain and ropey fibrotic banding bilaterally. Spurling's Maneuver was positive bilaterally. There was positive maximal foraminal compression testing and pain with valsalva. There was complete loss of sensation to the right upper extremity - ulnar distribution. There was some contracture of the fourth finger, increase pain across the lateral aspect of the wrist. Treatment to date has included diclofenac (since August 2014), Butrans patch (from April 2014 to May 2014) acupuncture, occupational therapy, and physical therapy. Utilization review from August 25, 2014 denied the request for Butrans 5mcg/hour #4 with #3 refills and Zorvolex 18mg 1 PO QD #30. Concerning the use of Butrans, though it was mentioned that it helped pain to improve, all therapies should be focused on the goal of functional restoration rather than the elimination of pain. Adequate support was not provided for continued use of Butrans. Regarding Zorvolex, it is not recommended as first line medication

due to increased risk profile. It was not stated why an alternate substantially safer NSAIDs may not be utilized.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans 5mcg/hour #4 with #3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine; Indications Treatment of opiate agonist dependence P.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines 2009, Buprenorphine, V Page(s): 26-27.

Decision rationale: Page 26-27 of the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that buprenorphine is recommended for treatment of opiate addiction, and as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. In this case, patient has been prescribed Butrans patch (from April 2014 to May 2014), however, she had an increase in pain in that time frame. Functional gains were not noted to meet the California MTUS opioid guidelines when to continue the treatment: if the patient has returned to work, or if the patient has improved functioning and pain. Moreover, on the progress note, dated August 12, 2014, it was reported that the patient didn't have addictive tendencies. There is no clear indication for Butrans patch at this time. Therefore, the request for Butrans 5mcg/hour #4 with #3 refills, is not medically necessary.

Zorvolex 18mg 1 PO QD #30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG web Pain section ; Zorvolex (Diclofenac)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines 9792.20-9792.26 NSAIDs, Page(s): 6, 9, and 68. Decision based on Non-MTUS Citation ODG) Pain, Diclofenac

Decision rationale: As stated on page 68 of California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines, non-steroidal anti-inflammatory drugs (NSAIDs) are recommended as an option for short-term symptomatic relief. Official Disability Guidelines do not recommended diclofenac, the active component of Zorvolex, as first line due to increased risk profile. Recent studies confirm that diclofenac increases risk of cardiovascular (40%) and cerebrovascular events, and mortality. In this case, the patient was prescribed diclofenac, since August 2014 as long-acting pain reliever. Patient had acute pain exacerbation secondary to non-authorization of her Butrans patch. The medical necessity for NSAIDs use has been established. Therefore, the request for Zorvolex 18mg 1 PO QD #30, is medically necessary.

