

<b>Case Number:</b>	CM14-0032535		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	09/25/2006
<b>Decision Date:</b>	07/21/2014	<b>UR Denial Date:</b>	03/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/14/2014

### 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 Orthopedic Surgery and is licensed to practice in Mississippi. 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 62-year-old female was reportedly injured on September 25, 2006. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated February 17, 2014, indicates that there are ongoing complaints of cervical spine pain radiating to the bilateral upper extremities as well as low back pain radiating to the bilateral lower extremities. Pain was rated at 9-10/10 and 7-8/10. The physical examination demonstrated tenderness along the cervical spine from C4-C7. There was decreased lumbar spine range of motion secondary to pain. Upper and lower extremity neurological examinations were stated to be unchanged from prior exam. Medications including Baclofen, Butrans, and Voltaren were renewed. Diagnostic imaging studies objectified a cervical spine disc bulge at C3-C4 and C4-C5. An MRI of the lumbar spine noted mild spondylosis from L2 through S1. Nerve conduction studies of the upper extremities noted a severe right ulnar sensory neuropathy at the elbow and a moderate left ulnar sensory neuropathy at the elbow. There was a normal lower extremity nerve conduction study. Previous treatment includes the use of a transcutaneous electrical nerve stimulation (TENS) unit which has been stated to be helpful. A request had been made for Voltaren gel, Butrans, and Baclofen and was not certified in the pre-authorization process on March 5, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Butrans 5mcg/hr patch, #4:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain, Buprenorphine for Opioid Dependence.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain (Chronic), Butrans, updated July 10, 2014.

**Decision rationale:** According to the Official Disability Guidelines, Butrans is indicated for use as a second line agent for chronic pain in those individuals with a hyperalgesic component to pain, patients with centrally mediated pain, patients with neuropathic pain, patients at high-risk of non-adherence with standard opioid maintenance, or for analgesia in patients who have previously been detoxified from other high-dose opioids. While the injured employee has a neuropathic pain component, it is not been stated that he has failed the use of first line treatment medications. This request for Butrans is not medically necessary.

**Baclofen 10mg, #30 and 1 refill:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain, Baclofen (Lioresal), muscle Relaxants.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Baclofen, updated July 10, 2014.

**Decision rationale:** According to the Official Disability Guidelines, Baclofen is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. Baclofen has been noted to have benefits for treating lancinating, paroxysmal neuropathic pain. The injured employee has not been diagnosed with any of these conditions. This request for Baclofen is not medically necessary.

**Voltaren 1% gel, #100gms and 1 refill:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain, NSAIDs, Voltaren Gel (Diclofenac Sodium).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Voltaren gel, updated July 10, 2014.

**Decision rationale:** According to the Official Disability Guidelines, Voltaren Gel is recommended for osteoarthritis after failure of an oral NSAID, contraindications to oral NSAIDs, or for patients who cannot swallow solid oral dosage forms. There is no documentation in records provided for review that there has been a failure of anti-inflammatory medications, a

contradiction to them, or a statement that the injured employee cannot swallow tablets. This request for Voltaren gel is not medically necessary.