

<b>Case Number:</b>	CM14-0033719		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	10/26/1995
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	02/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/18/2014

### 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 & 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:

The injured worker is a 57-year-old female who reported an injury on 10/26/1995 with the mechanism of injury not cited within the documentation provided. In the clinical notes dated 12/05/2013, the injured worker complained of bilateral upper extremity and lower extremity, neck and back pain. It was annotated that the pain level status was 7/10. It is noted that the injured worker reported her pain to be improved since increase of Cymbalta on last visit. It was also reported from the injured worker that she denied any side effects and that pain was tolerable with the current pain regimen. It was annotated that the injured worker had 2 separate spinal cord stimulator IPGs by Medtronic of which she reported to use intermittently. The injured worker's prescribed medication regimen included Ambien CR 12.5 mg, Cymbalta 30 mg, Cymbalta 60 mg, Flector patch 1.3% topical film, Lidoderm 5% topical film, Baclofen 20 mg, buprenorphine 8 mg sublingual, Buspirone 10 mg, Pregabalin 200 mg, and Subutex 8 mg. Prior treatments included psychotherapy, physical therapy, prescribed medications, and spinal cord stimulator. The physical examination included the injured worker's height and weight. The diagnoses included fibromyalgia, neuropathy, chronic fatigue syndrome, and postlaminectomy syndrome with spinal cord stimulator. The treatment plan included continuation of current medications to be refilled as needed, a refill of Cymbalta, a request for rollator walker, additional sessions for physical therapy, a followup for evaluation with Medtronic representatives for evaluation of spinal cord stimulator, and followup in 3 months in pain clinic. The request for authorization for Subutex 8 mg SL 0.5 tab twice a day (BID), Flector patch 1.3% topical film extended release prn #30 or #60, and Ketamine cream with rationale was not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Subutex 8mg SL 0.5 tab twice a day (BID): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

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

**Decision rationale:** The California MTUS Guidelines state that Subutex is recommended for treatment of opiate addiction. It is also recommended as an option for chronic pain, especially after detoxification of patients who have history of opiate addiction. It is a schedule III controlled substance. In the clinical notes provided for review, it is annotated that the injured worker reported her pain level status at 7/10. However, it is not indicated if this is with or without the use of pain medication regimen to include the use of Subutex. It is also annotated that the injured worker reported increased pain relief with the use of Cymbalta. Furthermore, the guidelines state that the use of Subutex is indicated for the treatment of opiate addiction of which the clinical notes did not address. Therefore, the request for Subutex 8 mg SL 0.5 tab twice a day (BID) is not medically necessary and appropriate.

**Flector Patch 1.3% topical film extended release prn #30 or #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Topical analgesics Page(s): 111-112.

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

**Decision rationale:** The California MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trails of antidepressants and anticonvulsants have failed. The Flector patch 1.3% topical film is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip, or shoulder. In the clinical notes provided for review, there is a lack of documentation of where the application of the Flector patch is to be applied and how often. Furthermore, the guidelines state that topical analgesics are recommended for short-term use. As such, it is indicated in the documentation provided that the injured worker has been on topical analgesics since 02/2012. Therefore, the request for Flector patch 1.3% topical film extended release prn #30 or #60 is not medically necessary and appropriate.

**Ketamine cream: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic Page(s): 111-113.

**Decision rationale:** The California MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Ketamine is still under study and is only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. In the clinical notes provided for review, it is documented that there are two other forms of topical analgesics being used without the documentation of efficacy or area of application. There is also lack of documentation of the frequency or location of which the Ketamine cream is to be applied. Furthermore, the guidelines state that Ketamine is still under study and only recommended for treatment of neuropathic pain in refractory cases. As such, there is a lack of documentation of the use of primary and secondary treatment efficacies and/or failures. Therefore, the request for Ketamine cream is not medically necessary and appropriate.