

Case Number:	CM14-0079091		
Date Assigned:	07/18/2014	Date of Injury:	08/12/2001
Decision Date:	09/16/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	05/29/2014

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 Anesthesiology, 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:

According to the records made available for review, this is a 71-year-old female with an 8/12/01 date of injury. At the time (5/13/14) of request for authorization for 1 Prescription of Diclofenac Sodium 1.5% cream, 60g and 1 Prescription of Buprenorphine 0.5-4mg, there is documentation of subjective (moderate to severe chronic low back, hip, and knee pain) and objective (decreased strength of the left lower extremity, positive straight leg raise test on the left, decreased sensation along the left foot, and tenderness to palpation along the anterior left shin) findings, current diagnoses (left knee tricompartmental osteoarthritis, sciatica, sacroiliitis, and chronic pain), and treatment to date (knee injections and multiple left knee arthroscopies). In addition, medical report identifies a request for trial of Buprenorphine and topical diclofenac sodium cream. Furthermore, 5/23/14 medical report identifies that the patient experiences heartburn, excessive gastritis and bowel irregularity with oral pain medications, including NSAIDs. Regarding 1 Prescription of Diclofenac Sodium 1.5% cream, 60g, there is no documentation of an intention for short-term use (4-12 weeks). Regarding 1 Prescription of Buprenorphine 0.5-4mg, there is no documentation of opiate addiction and that the patient has a hyperalgesic component to pain; centrally mediated pain; high-risk of non-adherence with standard opioid maintenance; and has previously been detoxified from other high-dose opioids.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Diclofenac Sodium 1.5% cream, 60g: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs (non-steroid anti-inflammatory agents).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory agents (NSAIDs) Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Diclofenac sodium.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist) and short-term use (4-12 weeks), as criteria necessary to support the medical necessity of topical NSAIDs. In addition, MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. The ODG identifies documentation of failure of an oral NSAID or contraindications to oral NSAIDs, as criteria necessary to support the medical necessity of topical NSAIDs. Within the medical information available for review, there is documentation of diagnoses of left knee tricompartmental osteoarthritis, sciatica, sacroiliitis, and chronic pain. In addition, there is documentation of osteoarthritis pain in joints that lend themselves to topical treatment (knee). Furthermore, given documentation that the patient experiences heartburn, excessive gastritis and bowel irregularity with oral pain medications, including NSAIDs, there is documentation of contraindications to oral NSAIDs. However, despite documentation of the 5/13/14 request for a trial of topical diclofenac sodium cream, there is no (clear) documentation of an intention for short-term use (4-12 weeks). Therefore, based on guidelines and a review of the evidence, the request for 1 Prescription of Diclofenac Sodium 1.5% cream, 60g is not medically necessary.

1 Prescription of Buprenorphine 0.5-4mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 27. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Buprenorphine for chronic pain.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of opiate addiction or chronic pain (after detoxification in patients who have a history of opiate addiction), as criteria necessary to support the medical necessity of Buprenorphine. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. The ODG identifies documentation of chronic pain in selected patients 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; and For analgesia in patients who have previously been detoxified from other high-dose opioids, as criteria necessary to support the medical necessity of Buprenorphine. Within the medical information available for review, there is documentation of diagnoses of left knee tricompartmental osteoarthritis, sciatica, sacroiliitis, and chronic pain. In addition, there is documentation of chronic pain and a request for a trial of Buprenorphine. However, there is no documentation of opiate addiction and that the patient has a hyperalgesic component to pain; centrally mediated pain; high-risk of non-adherence with standard opioid maintenance; and has previously been detoxified from other high-dose opioids. Therefore, based on guidelines and a review of the evidence, the request for 1 Prescription of Buprenorphine 0.5-4mg is not medically necessary.