

<b>Case Number:</b>	CM14-0202616		
<b>Date Assigned:</b>	12/15/2014	<b>Date of Injury:</b>	12/10/2010
<b>Decision Date:</b>	02/05/2015	<b>UR Denial Date:</b>	11/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2014

### 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 Rehab, has a subspecialty in Pain Medicine 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:

This is a patient with a date of injury of 12/10/10. A utilization review determination dated 11/3/14 recommends non-certification/modification of Butrans, Enovarx ibuprofen 10% kit, and hydrocodone. 11/10/14 medical report identifies low back pain down the LLE, left shoulder pain, and left knee pain. Pain is 5/10 with medication and 7/10 without. Ibuprofen ointment is "very helpful especially for hands/wrist." UDS showed ETOH and negative hydrocodone. Patient unsure why, she denies ETOH and takes her Norco. "Ibuprofen ointment helpful for knee pain - ran out." On exam, there is tenderness, limited ROM, and decreased strength of flexor and extensor muscles in the LLE. Butrans was recommended as the patient has considerable persistent pain with negative impact of function and has failed more conservative treatment. There has been limited response to Lidoderm or Flector. The provider noted that opioids have "allowed this patient to increase/maintain activities of daily living and function... The patient has been compliant with medication use and a pain contract is on file."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Butrans 5 mcg #4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Topical Analgesics

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120.

**Decision rationale:** Regarding the request for Butrans, MTUS California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, medications are noted to provide only 2 points of pain reduction on the VAS and, while there is a generic mention of functional improvement, no specific examples are provided. Furthermore, the patient's UDS was noted to be inconsistent with no clear explanation for the discrepancy and/or plan for modification of the treatment plan. As such, there is no clear indication for ongoing use of opioids. In light of the above issues, the currently requested Butrans is not medically necessary.

**Enovarx Ibuprofen 10% topical ointment kit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Topical Analgesics

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

**Decision rationale:** Regarding the request for EnovaRX ibuprofen, the California MTUS states that topical NSAIDs are indicated for "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." Within the documentation available for review, none of the abovementioned criteria have been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient. Given all of the above, the requested EnovaRX ibuprofen is not medically necessary.

**Hydrocodone 5/325mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80-82. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Opioids

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120.

**Decision rationale:** Regarding the request for Hydrocodone, MTUS California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional

improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, medications are noted to provide only 2 points of pain reduction on the VAS and, while there is a generic mention of functional improvement, no specific examples are provided. Furthermore, the patient's UDS was noted to be inconsistent with no clear explanation for the discrepancy and/or plan for modification of the treatment plan. As such, there is no clear indication for ongoing use of opioids. In light of the above issues, the currently requested Hydrocodone is not medically necessary.