

Case Number:	CM14-0203092		
Date Assigned:	12/15/2014	Date of Injury:	10/23/2008
Decision Date:	02/05/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	12/04/2014

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 Internal 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:

The patient is an injured worker with the diagnoses of shoulder joint pain, forearm joint pain, hand joint pain, and recurrent depression. Date of injury was October 23, 2006. The progress note dated November 4, 2014 documented chronic neck and right upper extremity pain. The patient reported no acute changes in her pain condition. The patient continued to report depressive symptoms. The patient had suicidal ideation in the past. The patient was using Venlafaxine three tablets in the morning and two tablets at night. The patient reported continued insomnia and stated that Mirtazapine in the past was too sedating. The patient was trying to work and was working as a driver. The patient was doing this intermittently every three to four times per week. The patient was not utilizing Norco when driving. The patient was tolerating medications well without side effects. Physical examination showed normal mood and affect. There was normal muscle tone without atrophy of the bilateral lower and upper extremities. Muscle strength was decreased in the right upper extremity. There was increased muscle tone of the trapezius muscle with palpable tenderness noted. Right hand had tenderness at the base of the thumb. Finkelstein test was positive on the right side. Diagnoses included shoulder joint pain, forearm joint pain, hand joint pain, and recurrent depression. Medications included Naproxen, Aspirin, Lisinopril and Triamterene-Hydrochlorothiazide. The patient has a history of hypertension. Treatment plan included Buprenorphine 0.1 mg PRN for pain. Naproxen, Diclofenac cream, Ketamine cream, and Venlafaxine. Prior treatment includes cognitive behavioral therapy, physical therapy, chiropractic, medications, right rotator cuff repair, DeQuervain's release at right radial wrist, aquatic therapy, work hardening program, and functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Buprenorphine (subutex) 0.1mg sublingual troches #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 26-27. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 47-48; 181-183; 212-214; 271-273, Chronic Pain Treatment Guidelines Opioids; Buprenorphine Page(s): 74-96; 26-27. Decision based on Non-MTUS Citation FDA Prescribing Information Buprenorphine sublingual [http://bidocs.boehringer-
ingelheim.com/BIWebAccess/ViewServlet.ser?docBase=renetnt&folderPath=/Prescribing+Infor
mation/PIs/Roxane/Buprenorphine+HCl+Sublingual+Tabs/10004964_01+Buprenorphine+HCl+
Sublingual+Tabs.pdf](http://bidocs.boehringer-ingelheim.com/BIWebAccess/ViewServlet.ser?docBase=renetnt&folderPath=/Prescribing+Information/PIs/Roxane/Buprenorphine+HCl+Sublingual+Tabs/10004964_01+Buprenorphine+HCl+Sublingual+Tabs.pdf).

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address opioids. The lowest possible dose should be prescribed to improve pain and function. Buprenorphine is recommended for treatment of opiate addiction. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 3 states that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal symptoms. Opioids should be used only if needed for severe pain and only for a short time. ACOEM guidelines state that the long-term use of opioids is not recommended for shoulder, neck, and upper extremity conditions. U.S. Food and Drug Administration FDA prescribing information documents that Buprenorphine sublingual is indicated for the treatment of opioid dependence. Per FDA, Buprenorphine sublingual is not appropriate as an analgesic. Liver function tests, prior to initiation of treatment is recommended to establish a baseline. The progress report dated November 4, 2014 documented that Buprenorphine sublingual was prescribed PRN for pain. No liver function tests were documented. FDA prescribing information documents that Buprenorphine sublingual are indicated for the treatment of opioid dependence. Per FDA, "Buprenorphine HCl Sublingual Tablets are NOT appropriate as an analgesic." The 11/4/14 progress note documented the prescription of Buprenorphine sublingual as an analgesic, which is considered not appropriate by the FDA. Therefore, the request for Buprenorphine (subutex) 0.1mg sublingual troches #60 is not medically necessary.

Ketamine 5% cream 60gr: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ketamine; Topical Analgesics Page(s): 56; 111-113.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address topical analgesics. Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. MTUS Chronic Pain Medical Treatment Guidelines (Page 56) state that Ketamine is not recommended. There is insufficient evidence to support the use of Ketamine for the treatment of chronic pain. There are no quality studies that support the use of Ketamine for chronic pain. Ketamine was associated with frequent side effects. MTUS guidelines do not support the use of Ketamine. Therefore, the request for Ketamine 5% cream 60gr is not medically necessary.

Diclofenac 1.5%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs); Topical Analgesics Page(s): 67-73;111-113.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address topical analgesics. Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The efficacy in clinical trials of topical NSAIDs has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be either not superior to placebo after two weeks, or with a diminishing effect after two weeks. For osteoarthritis of the knee, topical NSAID effect appeared to diminish over time. There are no long-term studies of their effectiveness or safety for chronic musculoskeletal pain. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Topical NSAIDs are not recommended for neuropathic pain as there is no evidence to support use. MTUS Chronic Pain Medical Treatment Guidelines addresses NSAIDs (non-steroidal anti-inflammatory drugs). All NSAIDs have the U.S. Boxed Warning for associated risk of adverse cardiovascular events, including, myocardial infarction, stroke, and new onset or worsening of pre-existing hypertension. NSAIDs can cause ulcers and bleeding in the stomach and intestines at any time during treatment. Use of NSAIDs may compromise renal function. FDA package inserts for NSAIDs recommend periodic lab monitoring of a CBC complete blood count and chemistry profile including liver and renal function tests. Routine blood pressure monitoring is recommended. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. All NSAIDs have the potential to raise blood pressure in susceptible patients. The greatest risk appears to occur in patients taking the following anti-hypertensive therapy: angiotensin-converting enzyme (ACE) inhibitors, angiotensin receptor blockers, beta-blockers, or diuretics. Medical records indicate the long-term use of NSAIDs. Per MTUS, it is generally recommended that the lowest dose be used for NSAIDs for the shortest duration of time. Medical records document that the patient has a diagnosis of hypertension, managed with Lisinopril and Triamterene-Hydrochlorothiazide. Per MTUS, NSAIDs are associated with the risk of adverse cardiovascular events, including, myocardial

infarction, stroke, and new onset or worsening of pre-existing hypertension. MTUS guidelines warn against the use of NSAIDs with patients with hypertension. MTUS guidelines do not support the use of topical NSAIDs. The request for a topical NSAID Diclofenac is not supported. Therefore, the request for Diclofenac 1.5% is not medically necessary.