

<b>Case Number:</b>	CM15-0002632		
<b>Date Assigned:</b>	01/13/2015	<b>Date of Injury:</b>	06/16/2011
<b>Decision Date:</b>	03/16/2015	<b>UR Denial Date:</b>	12/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/06/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Texas, Ohio, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of June 16, 2011. In a Utilization Review Report dated December 19, 2014, the claims administrator failed to approve requests for Butrans patches, several topical compounded medications, naproxen, and Protonix. The claims administrator referenced an RFA form of December 6, 2014 and a progress note of December 5, 2014 in its determination at the top of its report, although these documents were not summarized. The applicant's attorney subsequently appealed. On February 11, 2014, the applicant reported persistent complaints of low back pain radiating into the feet. The applicant tried physical therapy, home exercise, acupuncture, massage therapy, which had provided either minimal or no relief, it was acknowledged. Butrans, Pennsaid, Neurontin, and an epidural steroid injection were sought. The applicant's work status was not clearly detailed, although the applicant did not appear to be working. In a note dated December 5, 2014, somewhat blurred as a result of repetitive photocopying, the applicant reported variable severity low back pain, 5/10. The applicant was having difficulty with walking activities. Limited lumbar range of motion was noted with dysesthesias about the right leg. Lyrica, topical compounded creams, Butrans, naproxen, and Protonix were endorsed. Epidural steroid injection therapy was sought. It was stated that the applicant had previously approval for a prior procedure, although it was not clearly established whether the applicant had or had not had an epidural block. In a Medical-legal Evaluation dated November 11, 2014, it was acknowledged that the applicant was on Butrans, Lyrica, Neurontin, and Pennsaid. Low back pains with associated lower extremity paresthesias

were evident. The applicant was having difficulty with activities of daily living as basic as standing, walking, and sleeping, it was acknowledged. The medical-legal evaluator stated that the applicant had not previously been interested in pursuing epidural steroid injections. The applicant had not returned to work, it was acknowledged. The applicant had received acupuncture and physical therapy, it was acknowledged, however.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Butrans Patch 10mcg/Hr Qty 4: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine, When to Continue Opioids Page(s): 26, 80.

**Decision rationale:** While page 26 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that buprenorphine or Butrans is recommended in the treatment of opioid addiction but can be employed as an option in the treatment of chronic pain in applicants who are previously detoxified off of opioids who have a history of opioid addiction, in this case, however, no such history of opioid addiction was/is evident or present. It is further noted that the applicant failed to meet criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. Namely, the applicant's work status was not articulated, suggesting that the applicant was/is off of work. The progress notes on file, including the December 5, 2014 progress note on which buprenorphine (Butrans) was issued, seemingly suggested that the applicant was having difficulty performing activities of daily living as basic as standing, walking, and sleeping. A medical-legal evaluator stated in November 2014 that the applicant was not working as of that point in time. All of the foregoing, taken together, does not make a compelling case for continuation of Butrans (buprenorphine). Therefore, the request was not medically necessary.

#### **Flurbiprofen 20%/Lidocaine 5% 300gms: Upheld**

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

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

**Decision rationale:** As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical NSAIDs such as flurbiprofen should be reserved for the treatment of osteoarthritis and/or tendonitis in the knee, elbow, and other small joints which are amenable to topical application. Here, the applicant's primary pain generator, the low back, is a large area which is likely unamenable to topical application. Since the flurbiprofen component in the compound is not recommended, the entire compound is not recommended, per page 111 of the

MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

**Naproxen 550mg PO BID QTY 60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk Page(s): 69.

**Decision rationale:** As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, an appropriate option to combat issues with NSAID-induced dyspepsia is cessation of the offending NSAID. Here, the attending provider reported on December 5, 2014 that the applicant was having issues with NSAID-induced dyspepsia. Discontinuing the offending NSAID, naproxen, appears to be a more appropriate option than continuing the same, particularly in light of the fact that the applicant does not appear to have demonstrated a favorable response to previous usage of naproxen. The applicant was/is off of work, it was noted in a Medical-legal Evaluation of November 2014. Ongoing usage of naproxen has failed to curtail the applicant's dependence on opioid agents such as Norco. The attending provider failed to outline any quantifiable decrements in pain or material improvements in function effected as a result of ongoing naproxen usage. The applicant's commentary to the effect that he is having difficulty sleeping, standing, walking, taken together with the applicant's failure to return to work, does constitute a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of naproxen. Therefore, the request was not medically necessary.

**Pantoprazole 20mg PO BID QTY 60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk Page(s): 69.

**Decision rationale:** As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as Protonix are indicated to combat issues with NSAID-induced dyspepsia. Here, the attending provider did report in December 2014 that the applicant was experiencing active issues with naproxen-induced dyspepsia. Introduction, selection, and/or ongoing usage of pantoprazole (Protonix) was indicated to combat the same. Therefore, the request was medically necessary.