

Case Number:	CM15-0105566		
Date Assigned:	06/09/2015	Date of Injury:	05/17/2001
Decision Date:	07/10/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/01/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 58 year old female, who sustained an industrial injury on May 17, 2001. Treatment to date has included medication, water therapy, spinal cord stimulator and home exercise program. Currently, the injured worker complains of low back, left knee and left ankle pain. She reports left lower extremity pain and neuropathy. She uses suboxone to help management the pain and uses voltaren gel for topical pain relief. She uses a spinal cord stimulator on a regular basis and reports that it is working well. She reports being able to stay active, travel and spend time with her family and grandchildren. On physical examination she has a gait which slightly favors the left foot. She has mild left sacroiliac joint tenderness and mild swelling of the left lower extremity. She reports tenderness to palpation over the left ankle and foot. The diagnoses associated with the request include complex regional pain syndrome of the left lower extremity and Medtronic DCS. The treatment plan includes stimulator interrogation, continuation of suboxone and Voltaren gel and follow-up evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Suboxone 8mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine, p26 Page(s): 26.

Decision rationale: The claimant has a remote history of a work injury occurring in May 2014. She continues to be treated for back and radiating leg pain including a diagnosis of CRPS. She has a spinal cord stimulator. Medications include Suboxone and Voltaren gel. When seen, there was an antalgic gait and mild left sacroiliac joint tenderness with lower extremity swelling. In terms of Suboxone (buprenorphine), the claimant has undergone an opioid detoxification. Buprenorphine is recommended as an option for treatment of chronic pain in selected patients such as for analgesia in patients who have previously been detoxified from other high-dose opioids as in this case. It was therefore medically necessary.

Voltaren Gel 1% #1: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, p111-113 Page(s): 111-113.

Decision rationale: The claimant has a remote history of a work injury occurring in May 2014. She continues to be treated for back and radiating leg pain including a diagnosis of CRPS. She has a spinal cord stimulator. Medications include Suboxone and Voltaren gel. When seen, there was an antalgic gait and mild left sacroiliac joint tenderness with lower extremity swelling. Indications for the use of a topical non-steroidal antiinflammatory medication such as Voltaren Gel (diclofenac topical) include osteoarthritis and tendinitis, in particular affecting joints that are amenable to topical treatment. In this case, the claimant has localized peripheral pain affecting the left lower extremity amenable to topical treatment. Therefore, the requested medication was medically necessary.