

<b>Case Number:</b>	CM15-0136994		
<b>Date Assigned:</b>	07/24/2015	<b>Date of Injury:</b>	06/17/2010
<b>Decision Date:</b>	08/21/2015	<b>UR Denial Date:</b>	06/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2015

### 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 59 year old female who sustained an industrial/work injury on 6/17/10. She reported an initial complaint of left shoulder pain. The injured worker was diagnosed as having pain in joint, shoulder and long-term use of medication. Treatment to date includes medication, surgery (left shoulder rotator cuff on 2/16/10, 10/19/11 and left shoulder replacement in 2013), physical therapy, and psychiatry care. MRI results were reported on 1/21/13. Currently, the injured worker complained of chronic musculoskeletal pain with most recent complaints of chronic increasing bilateral shoulder pain and rated 10/10 without medicine and 4-5/10 with use of pain patch. Per the primary physician's report (PR-2) on 5/29/15, exam noted positive tenderness over the left shoulder and measured at 90 degrees. On 6/25/15, there were bilateral shoulder complaints. The requested treatments include Butrans 15 mcg/hr. and Ketamine 5% cream 60 gm.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Butrans 15 mcg/hr Qty. 4: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain.

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

**Decision rationale:** The claimant sustained a work injury in June 2010 and continues to be treated for chronic shoulder pain. When seen, Butrans had been prescribed at the previous visit. She had pain, which had decreased from 10/10 without medications to 4-5/10. She was taking less Norco. Physical examination findings included a nonantalgic gait. There were no abnormal findings reported. Her Butrans dose was increased and Norco was discontinued. Her other medications were refilled including topical ketamine. Butrans (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. In this case, there is no history of high-dose opioid use or detoxification. There are other sustained release opioids available for the claimant's treatment. Butrans was not medically necessary.

**Ketamine 5% cream 60 gram, Qty. 2:** 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): 113.

**Decision rationale:** The claimant sustained a work injury in June 2010 and continues to be treated for chronic shoulder pain. When seen, Butrans had been prescribed at the previous visit. She had pain, which had decreased from 10/10 without medications to 4-5/10. She was taking less Norco. Physical examination findings included a non-antalgic gait. There were no abnormal findings reported. Her Butrans dose was increased and Norco was discontinued. Her other medications were refilled including topical ketamine. Topical ketamine is only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted and has only been studied for use in non-controlled studies for CRPS I and post-herpetic neuralgia. In this case, the claimant does not have either diagnosis and her other medications were providing pain relief. The requested ketamine cream is not medically necessary.