

Case Number:	CM15-0140880		
Date Assigned:	07/31/2015	Date of Injury:	06/01/2007
Decision Date:	08/28/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/21/2015

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: California

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 60 year old female, who sustained an industrial injury on 6-1-07 Initial complaint was of her low back pain. The injured worker was diagnosed as having lumbar radiculopathy; lumbosacral neuritis NOS; chronic pain syndrome; insomnia in other disorders; Myalgia and Myositis NOS; neurotic depression; drug dependence NOS; psychosexual dysfunction. Treatment to date has included physical therapy; status post implantation of intrathecal infusion pump (no date); removal of intrathecal infusion pump (no date); chiropractic therapy; multivitamin infusion and magnesium infusion (2014); medications. Diagnostic studies included MRI lumbar spine (9-10-07). Currently, the PR-2 notes dated 3-31-15 indicated the injured worker complains of low back pain and improved. The notes report "I want to walk better." Her pain scores are documents as 7 over 10 with medications and 7 over 10 without medications with an average of 5 over 10. Objective findings are documented as the injured worker being hypertensive on this date (140 over 90). Other PR-2 notes (dated 5-14-14) indicated the injured worker is a status post implantation of intrathecal infusion pump (no date); removal of intrathecal infusion pump (no date). A MRI of the lumbar spine dated 9-10-07 is reported with degenerative changes at L4-L5 and L5-S1 with no definitive disc herniation. The provider documents in his treatment plan that he is requesting physical therapy for her low back pain as well as a compound ointment. The provider is requesting authorization of Flurbiprofen 20%, baclofen 10%, dexamethasone 2%, cyclobenzaprine 2% in cream base 240gram and Buprenorphine sublingual #15 with 1 refill. A progress report dated March 5, 2015 indicates that the patient's current medication produces pain from 10/10 to 1/10. The patient has reduced

Subutex to 4 mg 3 times a day. A urine drug screen performed on January 14, 2015 was consistent. Notes indicate that the patient has previously undergone detox.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20%, baclofen 10%, dexamethasone 2%, cyclobenzaprine 2% in cream base 240gram: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113 of 127.

Decision rationale: Regarding the request for Flurbiprofen 20%, baclofen 10%, dexamethasone 2%, cyclobenzaprine 2% in cream base 240gram, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Muscle relaxants drugs are not supported by the CA MTUS for topical use. As such, the currently requested Flurbiprofen 20%, baclofen 10%, dexamethasone 2%, cyclobenzaprine 2% in cream base 240gram is not medically necessary.

Buprenorphine sublingual #15 with 1 refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 26.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 26 of 127.

Decision rationale: Regarding the request for Buprenorphine sublingual #15 with 1 refill, Chronic Pain Medical Treatment Guidelines state that buprenorphine is indicated for the treatment of addiction. It is also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. Within the documentation available for review, it is clear the patient has been through detoxification, and continues to have chronic pain. Due to her chronic pain, she continues to be prescribed Buprenorphine for the treatment of addiction and chronic pain. The requesting physician has indicated that the patient is compliant with the use of Buprenorphine . Additionally, it appears the patient is attempting to lower the dose of Buprenorphine over time. Urine drug screens have been performed regularly and the use of habit-forming medications such as benzodiazepines have been discussed with the patient. The medication reportedly reduces the patient's pain substantially. It is acknowledged, that there should be better documentation of objective functional improvement. However, a 1- two-month prescription as requested here, to allow the requesting physician time to better document those items. As such, we currently requested Buprenorphine sublingual #15 with 1 refill is medically necessary.

