

Case Number:	CM15-0145233		
Date Assigned:	08/05/2015	Date of Injury:	06/13/2012
Decision Date:	09/02/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	07/27/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 injured worker is a 59 year old female, who sustained an industrial injury on 6-13-2012. The mechanism of injury was a trip and fall. The injured worker was diagnosed as having cervical disc displacement without myelopathy, cervical spondylosis, lower leg joint pain, carpal tunnel syndrome, post-concussion syndrome and spondylolisthesis. There is no record of a recent diagnostic study. Treatment to date has included therapy and medication management. In a progress note dated 7-14-2015, the injured worker complains of pain in the neck, upper and lower back and bilateral hands-rated 5 out of 10. Physical examination showed lumbar spasm and guarding and cervical tenderness and decreased range of motion. The treating physician is requesting Buprenorphine 0.1mg sublingual troche, QTY: 30 and Diclofenac sodium 1.5% 60gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Buprenorphine 0.1mg sublingual troche, QTY: 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Butrans Page(s): 26. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Butrans.

Decision rationale: Pursuant to the Official Disability Guidelines, Buprenorphine 0.1mg sublingual troche #30 is not medically necessary. Butrans is recommended as an option for treatment of chronic pain in selected patients (not a first-line drug). Suggested populations are patients with hyperalgesia complement pain; patients with centrally mediated pain; patients with neuropathic pain; patients at high risk of non-adherence with standard opiate maintenance; and for analgesia in patients who have previously been detoxified from other high-dose opiates. In this case, the injured worker's working diagnoses are spondylitic changes cervical spine; spondylitis changes and spondylolisthesis lumbar spine; left knee arthritis, status post total knee replacement; and post-concussive headaches. The date of injury is June 13, 2012. Request for authorization is July 16, 2015. According to a June 30, 2015 progress note, the injured worker had arthritis of the knee. The injured worker underwent a total knee arthroplasty. Subjectively, the injured worker complains of pain in the neck and trapezius region, shoulders, upper lower back with radiation to the lower 70's. Objectively, there is tenderness to palpation over the paraspinal muscle groups in the cervical, thoracic and lumbar regions. Current medications listed in the progress notes consist of metformin, glipizide, losartan and Atorvastatin. There are no non-steroidal anti-inflammatory medications, opiates or muscle relaxants prescribed in the record. The treating provider prescribed a low dose of Butrans for breakthrough pain. Butrans is not a first line opiate. There is no documentation of failed first-line opiate medications. Consequently, absent guideline recommendations for Butrans as a first-line opiate, Buprenorphine 0.1mg sublingual troche #30 is not medically necessary.

Diclofenac sodium 1.5% 60gm, QTY: 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Diclofenac sodium 1.5% #60gm #1 is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The only available FDA approved topical analgesic is diclofenac. However, diclofenac gel is indicated for relief of osteoarthritis pain in the joint that lends itself to topical treatment (ankle, elbow, foot, hand, knee and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. In this case, the injured worker's working diagnoses are spondylitic changes cervical spine; spondylitis changes and spondylolisthesis lumbar spine; left knee arthritis, status post total knee replacement; and post-concussive headaches. The date of injury is June 13, 2012. Request for authorization is July 16,

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