

<b>Case Number:</b>	CM15-0168821		
<b>Date Assigned:</b>	09/15/2015	<b>Date of Injury:</b>	02/28/2006
<b>Decision Date:</b>	10/21/2015	<b>UR Denial Date:</b>	07/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2015

### 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: Texas, New York, 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] beneficiary who has filed a claim for chronic arm, hand, and upper extremity pain reportedly associated with an industrial injury of February 28, 2006. In a Utilization Review report dated July 30, 2015, the claims administrator approved one office visit, denied Butrans, approved Lyrica, denied Norco, and denied Diclofenac. The claims administrator referenced an RFA form received on July 24, 2015 in its determination. The applicant's attorney subsequently appealed. On July 9, 2015, the applicant reported ongoing complaints of wrist, neck, elbow and upper extremity. The applicant had undergone earlier failed carpal tunnel and cubital tunnel release procedures, it was reported. Lyrica, Norco, Motrin, and Butrans were endorsed. The applicant's permanent work restrictions were renewed. The applicant was asked to reschedule spinal cord stimulator trial. The applicant reported average pain scores of 8/10. Toward the top of the note, the attending provider stated that the applicant was working full time as a typist despite ongoing pain complaints. The applicant was using Butrans for pain relief purposes, it was suggested. The applicant was also using Norco at a rate of 6 times daily, the treating provider acknowledged. In one section of the note, the attending provider suggested that the applicant continue ibuprofen while the attending provider then stated, in another section of the note, that he wished for the applicant to employ extended-release Diclofenac. The attending provider seemingly contended that the applicant's pain medications were generating appropriate analgesia. On June 11, 2015, the attending provider reiterated that the applicant's pain medications were generating appropriate analgesia and were facilitating the applicant's working full time as a typist. Multiple medications were renewed. Once again, the attending provider alluded to the applicant's using both ibuprofen and extended-release Diclofenac. The attending provider also stated that the applicant was using Butrans for pain purposes.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Butrans 10mcg/hour transdermal patch #4: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Buprenorphine.

**Decision rationale:** No, the request for Butrans (Buprenorphine) was not medically necessary, medically appropriate, or indicated here. While page 26 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that Buprenorphine (Butrans) is recommended in the treatment of opioid addiction and is also recommended as an option for chronic pain purposes in applicants who are previously detoxified off of opioids who do have a history of opioid addiction, here, however, there was no mention of the applicant's employing Buprenorphine or Butrans for opioid addiction and/or opioid dependence purposes. Rather, the attending provider stated on office visits of June 11, 2015 and July 9, 2015 that the applicant was using Butrans for chronic pain purposes alone. The applicant's concomitant usage of another opioid agent, Norco, strongly suggested that the applicant was not, in fact, intent on employing Buprenorphine or Butrans for the purposes of weaning or tapering off of other opioids. A clear or compelling rationale for ongoing usage of Buprenorphine for a role, for which it is not explicitly espoused, per page 26 of the MTUS Chronic Pain Medical Treatment Guidelines, was not seemingly furnished here. Therefore, the request was not medically necessary.

### **Norco 10/325mg #180: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**Decision rationale:** Conversely, the request for Norco, a short-acting acting opioid, was medically necessary, medically appropriate, and indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, the applicant had returned to and maintained full-time work status as a typist, it was reported both on July 9, 2015 and on June 11, 2015. The applicant was deriving appropriate analgesia from ongoing Norco usage it was reported on both dates. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.

### **Diclofenac ER 100mg #60, 2 refills: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction, Anti-inflammatory medications.

**Decision rationale:** Finally, the request for extended-release Diclofenac, an anti-inflammatory medication, was not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Diclofenac do represent the traditional first-line treatment for various chronic pain conditions, including the chronic low back pain reportedly present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider incorporate some discussion of applicant-specific variables such as "other medications" into his choice of pharmacotherapy. Here, the attending provider's July 9, 2015 and June 11, 2015 progress note failed to furnish a clear or compelling rationale for concomitant usage of 2 separate anti-inflammatory medications, ibuprofen and Diclofenac. Therefore, the request was not medically necessary.