

<b>Case Number:</b>	CM15-0186708		
<b>Date Assigned:</b>	09/28/2015	<b>Date of Injury:</b>	03/22/2014
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	08/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2015

### 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, Massachusetts

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 injured worker is a 35 year old male, who sustained an industrial injury on 3-22-2014. He reported injuries to the neck, head, low back and left shoulder from a fall. Diagnoses include left shoulder impingement and rotator cuff tear, status post left shoulder surgery, cervical degenerative disc disease, radiculopathy. Treatments to date include activity modification, anti-inflammatory, Opioid, topical Lidocaine, physical therapy, and cortisone injection. Currently, he complained of six weeks of increased pain to the neck, upper back, left shoulder and lower back. It was noted he was still undergoing post-surgical physical therapy from rotator cuff repair done on 3/10/15. The medical records indicated previously prescribed medications included Ultracet, Naproxen, and Omeprazole. On 8-18-15, the physical examination documented crepitus in the shoulder joint with pain on palpation. The plan of care included the addition of Flector patches for the flare up, and a request for x-rays and MRI of the left shoulder, and he was instructed to hold off on physical therapy, pending further treatment including possible shoulder injection. The appeal requested authorization for Butrans 10mcg-hour #4 for a 28-day supply with one refill and Flector DIS 1.3% #60 for a 30 day supply with one refill. The Utilization Review dated 8-25-15, denied the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Butrans Dis 10mcg/hr #4 (28-day supply) with 1 refill: Upheld**

**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, Opioids for chronic pain.

**Decision rationale:** CA MTUS guidelines require that criteria for continued long-term use of opioids require ongoing review and documentation of pain relief, functional status improvement, appropriate use, screening of side effects and risk for abuse, diversion and dependence. From my review of the provided medical records there is lacking a description of quantifiable improvement with ongoing long-term use of long acting opioids such as the prescribed medication. There is no note of VAS scores and no noted improvement in objective physical exam findings or functional capacity. Consequently, continued use of Butrans patch is not medically necessary.

**Flector Dis 1.3% #60 (30 day supply) with 1 refill:** Upheld

**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): Topical Analgesics.

**Decision rationale:** According to CA MTUS guidelines topical analgesics are largely experimental and are only indicated once first line oral agent for radicular pain such as Lyrica or Neurontin are shown to be ineffective and if the compounded agents are contraindicated in traditional oral route. There is nothing noted in the provided clinic record that the injured worker is unable to take a first line oral agent for his neuropathic pain. Additionally any compounded product that contains at least one drug that is not recommended is not recommended. Flector is not recommended as a compounded agent as NSAIDs can be safely taken orally. Consequently continued use of the above listed compounded agent is not supported at this time. MTUS guidelines state that topical NSAIDs, "The efficacy in clinical trial for this treatment has been inconsistent and most studies are small... have been shown to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but not afterward." Consequently, continued use of the above listed compounded agent is not medically necessary at this time.