

<b>Case Number:</b>	CM15-0196433		
<b>Date Assigned:</b>	10/12/2015	<b>Date of Injury:</b>	03/17/2004
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	09/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2015

### 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, North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 62 year old male, who sustained an industrial injury on 3-17-2004. A review of the medical records indicates that the injured worker is undergoing treatment for status post right shoulder surgery, lower back pain with radicular symptoms down the left leg, left shoulder pain, and a 1-2mm disc annulus bulge at L2-L3 and a 3mm disc protrusion versus herniation at L4-L5, L5-S1 2-3mm disc protrusion or herniation and facet arthropathy. On 9-3-2015, the injured worker reported right shoulder pain rated 5 on a scale of 1 to 10 with 10 being the worse and back pain rated 3 on a scale of 1 to 10. The Primary Treating Physician's report dated 9-3-2015, noted the injured worker had been continuing to report substantial benefit of the medications for his nociceptive, neuropathic, and inflammatory pain with no evidence of drug abuse, divergence, or aberrant behavior observed. The 5-7-2015 urine drug screen (UDS) was noted to be within normal limits with attempts at weaning medications noted to have increased pain, suffering, and decreased functional capacity. On 5-7-2015, the injured worker's current medications were noted to include Amlodipine, Aspirin, Lisinopril, Lunesta, Metformin, Omeprazole, Norco, and Pravastatin. The physical examination was noted to show the injured worker uncomfortable, with difficulty walking, sitting, and standing with substantial secondary myofascial pain, restricted range of motion (ROM), and point tenderness with paralumbar facet capsule on deep palpation and pain to palpation over the L3-L4, L4-L5, and L5-S1 facet capsules, pain with lumbar rotational extension indicative of facet capsular tears right sided, and substantial findings for increasingly severe shoulder impingement. Prior treatments have included radiofrequency ablations noted to work quite well and medications including topical

compound creams and Ultram. The treatment plan was noted to include Butrans and Voltaren gel due to his history of gastritis and continued home exercise program (HEP). The injured worker's work status was noted to be permanent and stationary. The request for authorization dated 9-3-2015, requested Butrans patch 5mcg #4 and Voltaren gel 1% 100g. The Utilization Review (UR) dated 9-9-2015, non-certified the requests for Butrans patch 5mcg #4 and Voltaren gel 1% 100g.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Butrans patch 5mcg #4:** Upheld

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

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

**Decision rationale:** CA MTUS Guidelines supports the use of chronic opioid therapy in patients with documented pain relief, functional improvement and return to work. The injured worker was injured in 2004 with subsequent chronic low back pain and radicular symptoms down the left leg. The request is for Butrans patches for chronic pain. In this case, there is no evidence of a pain contract as required by MTUS Guidelines. In addition, the patient had a request for Norco approved on 5/12/2015 and it is not clear if the patient is taking the Norco along with the Butrans. There is no rationale presented for the use of two opioids. Therefore, based on the above findings, the request is not medically necessary or appropriate.

**Voltaren gel 1% 100g:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Diclofenac, topical.

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

**Decision rationale:** CA MTUS Guidelines states that topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. There is little to no research to support the use of many of these agents. In this case, there is no rationale provided for the use of a topical NSAID. A history of gastritis is found, however there is no documentation of current GI symptoms precluding the use of an oral NSAID. NSAIDs are primarily recommended for use in chronic pain when first-line agents, such as antidepressants and anticonvulsants have failed. There is no indication of trial and failure of these agents in this case. Topical agents such as Voltaren gel are not recommended as first-line agents. Therefore, this request is not medically necessary or appropriate.

