

Case Number:	CM15-0197985		
Date Assigned:	10/13/2015	Date of Injury:	11/09/2008
Decision Date:	11/20/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	10/08/2015

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 57 year old female who sustained an industrial injury on 11-9-08. The injured worker reported right elbow pain. A review of the medical records indicates that the injured worker is undergoing treatments for chronic right elbow lateral epicondylitis, chronic right radial tunnel syndrome, right cubital tunnel syndrome, and right carpal tunnel syndrome. Medical records dated 9-2-15 pain rated at 8 out of 10. Provider documentation dated 8-24-15 noted the work status as permanent and stationary. Treatment has included Advil, Flector Patch since at least June of 2015, electromyography, and nerve conduction velocity study and injection therapy. Objective findings dated 9-2-15 were notable for C6 and C7 dermatome with decreased light touch sensation bilaterally. The original utilization review (9-9-15) denied a request for Flector patch 1.3% #60 (refill x 3) and Butrans 5mcg hr #4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector patch 1.3% #60 (refill x 3): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steriodal anti-inflammatory drugs), Topical Analgesics.

Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter (updated 07/15/2015) - Online version,.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Diclofenac Topical.

Decision rationale: CA MTUS/ACOEM is silent on the issue of Flector patch which is topical Diclofenac. According to the ODG, Pain section, Diclofenac Topical, it is not recommended as a first line treatment but is recommended for patients at risk for GI events from oral NSAIDs. In this case, the exam note from 9/2/15 does not demonstrate prior adverse GI events or intolerance to NSAIDs. Given the lack of documentation of failure of oral NSAIDs or GI events, the determination is for non-certification. Therefore, the request is not medically necessary.

Butrans 5mcg/hr #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): Buprenorphine.

Decision rationale: CA MTUS/Chronic Pain Medical Treatment Guidelines, pages 26-27 recommends use of Buprenorphine as an option in the treatment of opiate addiction. It is also recommended as an option for chronic pain especially after detoxification in patients who have a history of opiate addiction. A schedule-III controlled substance, buprenorphine is a partial agonist at the mu-receptor (the classic morphine receptor) and an antagonist at the kappa receptor (the receptor that is thought to produce alterations in the perception of pain, including emotional response). In this case, there is lack of evidence in the records of 9/2/15 of opiate addiction to warrant the use of a Butrans patch. Therefore, the request is non-certified and not necessary.