

Case Number:	CM15-0025217		
Date Assigned:	02/17/2015	Date of Injury:	05/14/2003
Decision Date:	03/27/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/10/2015

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: Arizona, California
 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 54 year old female, who sustained an industrial injury on 5/14/2003. The current diagnoses are ulnar nerve and rotator cuff lesion and status post left ulnar transposition surgery (4/12/2013). Currently, the injured worker complains of neck and upper extremity pain. She notes occasional numbness and tingling in the upper extremities. She states that both her hands will become numb, particularly at night. She has left upper extremity numbness in the 4th and 5th digits and has been experiencing severe right upper extremity pain and weakness in her upper extremities. The pain is rated 7.5-8/10 on a subjective pain scale. Current medications are Norco, Biofreeze, Butrans patch, Lyrica, Elavil, and atenolol. Treatment to date has included medications, wrist braces, physical therapy, and surgery. The treating physician is requesting Clobex spray 0.05%, which is now under review. On 1/28/2015, Utilization Review had non-certified a request for Clobex spray 0.05%. Non-MTUS Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clobex 0.05% spray apply spray to skin prior to apply Butrans Patch: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Buprenorphine Page(s): 26-27.

Decision rationale: Buprenorphine (Butrans) is used for treatment of opioid addiction or for chronic pain after detoxification of opioid use. Its use as a patch has been used due to the advantages of no analgesic ceiling, good safety profile and ability to suppress opioid withdrawal. In this case there is no mention of opioid addiction or need for opioid detoxification. The claimant was on Norco as well. Since the use of Butrans patches is not medically necessary, the topical Clobex (steroid) is not medically necessary.