

<b>Case Number:</b>	CM15-0025553		
<b>Date Assigned:</b>	02/18/2015	<b>Date of Injury:</b>	04/28/2008
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	02/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 56-year-old female, who sustained an industrial injury on 04/28/2008. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. Diagnoses include neck pain, sacrum disorders, lower leg joint pain, psychogenic pain, recurrent episode of unspecified major depression, long-term use of medication, and therapeutic drug monitor. Treatment to date has included medication regimen, status post left knee surgery, status post left De Quervain's release surgery, status post right first and second extensor compartments and tenderness in the lysis, home exercise program, and functional restoration program. In a progress note dated 08/06/2014 the treating provider reports gradual worsening of left knee pain with swelling on the medial left knee. The treating physician requested the below listed medications noting that these medications assist with her pain and with function. On 02/04/2015 Utilization Review non-certified the requested treatments of Buprenorphine 0.1mg sublingual troches one tablet twice daily for a quantity of 60 and Capsaicin 0.075% cream apply to the affected area three times a day with a quantity of 2 with the date of service of 08/06/2014 for both requested treatments, noting the Medical Treatment Utilization Schedule, Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Buprenorphine 0.1mg sublingual troches, #60 for DOS 8/16/2014: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Buprenorphine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89. Decision based on Non-MTUS Citation Official disability guidelines Pain Chapter, Buprenorphine for chronic pain.

**Decision rationale:** The patient presents with unrated chronic neck, low back, and right wrist pain. The patient's date of injury is 04/28/08. Patient is status post unspecified left knee surgery in April 2010, left De Quervain's release surgery in March 2010, right extensor compartment release in August 2009, and unspecified brain surgery in March 2009. The request is for BUPRENORPHINE 0.1MG SUBLINGUAL TROCHES, #60 FOR DOS 8/6/14. The RFA was not provided. Physical examination dated 08/06/14 reveals tenderness to palpation across the medial joint line of the left knee with some mild swelling noted along the medial aspect. Treater also notes some grinding and crepitus to the left knee joint and some instability. No other positive findings are included. The patient is currently prescribed Cymbalta, Buprenorphine, Capsaicin, Pantoprazole, Motrin, Cyclobenzaprine, Actifed Cold and Allergy, Lipitor, Relpax, and Buspirone. Diagnostic imaging was not included. The patient is permanently disabled. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. ODG-TWC, Pain Chapter states: "Buprenorphine for chronic pain: Recommended as an option for treatment of chronic pain in selected patients -not first-line for all patients-. Suggested populations: 1. Patients with a hyperalgesic component to pain; 2. Patients with centrally mediated pain; 3. Patients with neuropathic pain; 4. Patients at high-risk of non-adherence with standard opioid maintenance; 5. For analgesia in patients who have previously been detoxified from other high-dose opioids. Use for pain with formulations other than Butrans is off-label. Due to complexity of induction and treatment the drug should be reserved for use by clinicians with experience."The medical file provided for review includes one progress note and provides no discussion as to why this medication is prescribed. MTUS guidelines indicate that this medication is intended for treatment of opiate addiction or as an option for chronic pain for patients who have a history of opiate addiction. The treating physician has provided no such discussion. Without a clearer picture of this patient's clinical history or evidence of prior opiate use, dependence, and cessation, the medical necessity of this medication cannot be substantiated. The treater also does not provide any documentation regarding this medication's efficacy, including the four A's. The request IS NOT medically necessary.

**Capsaicin 0.075% cream #2 for DOS 8/6/2014: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical; Capsaicin Page(s): 29.

**Decision rationale:** The patient presents with unrated chronic neck, low back, and right wrist pain. The patient's date of injury is 04/28/08. Patient is status post unspecified left knee surgery in April 2010, left De Quervain's release surgery in March 2010, right extensor compartment release in August 2009, and unspecified brain surgery in March 2009. The request is for CAPSAICIN 0.015% CREAM #2 FOR DOS 8/6/14. The RFA was not provided. Physical examination dated 08/06/14 reveals tenderness to palpation across the medial joint line of the left knee with some mild swelling noted along the medial aspect. Treater also notes some grinding and crepitus to the left knee joint and some instability. No other positive findings are included. The patient is currently prescribed Cymbalta, Buprenorphine, Capsaicin, Pantoprazole, Motrin, Cyclobenzaprine, Actifed Cold and Allergy, Lipitor, Relpax, and Buspirone. Diagnostic imaging was not included. The patient is permanently disabled. MTUS Guidelines, pages 28-29 states: Recommended only as an option in patients who have not responded or are intolerant to other treatments. Formulations: Capsaicin is generally available as a 0.025% formulation as a treatment for osteoarthritis and a 0.075% formulation primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain. There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. Indications: There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain, but it should be considered experimental in very high doses. Although topical capsaicin has moderate to poor efficacy, it may be particularly useful alone or in conjunction with other modalities- in patients whose pain has not been controlled successfully with conventional therapy. In regards to the request for Capsaicin cream for the management of this patient's intractable chronic pain, treater has not provided a reason for the request or specify a location where it is to be applied. Only one progress note is provided and this progress note does not document a reason for the request, the medication target, or previous success with this particular formulation as required by MTUS page 60. There is also no discussion of prior efficacy. Therefore, the request IS NOT medically necessary.