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| Case Number: | CM15-0029221 | | |
| Date Assigned: | 02/23/2015 | Date of Injury: | 09/14/2001 |
| Decision Date: | 04/03/2015 | UR Denial Date: | 01/21/2015 |
| Priority: | Standard | Application Received: | 02/17/2015 |

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: Emergency 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 46 year old female who sustained a work related injury September 14, 2001. While working as a special needs instructor, she was involved in a physical altercation, causing her to fall down stairs with outstretched hands, landing on her neck. She had neck pain and numbness in her hands which failed to respond to conservative care. On May 18, 2004, she underwent an anterior cervical microdiscectomy and C3-4 and C4-5 interbody fusion.

According to a pain management physician's report, dated January 5, 2015, the injured worker presented for a follow-up consultation complaining of an exacerbation of her neck pain. She currently uses ice/heat, non-opioid medications and guided relaxation/biofeedback. Assessment includes; post laminectomy syndrome cervical region; cervical facet syndrome; cervical radiculopathy. Treatment includes additional medication Butrans and Flector, authorization for cervical epidural steroid injection and urine toxicology. According to utilization review dated January 21, 2015, the request for Flector Patch 1.3% 1-2 patches twice a day as needed for pain #30 x (1) refill is non-certified, citing MTUS Chronic Pain Medical Treatment Guidelines and ODG-TWC. The request for Butrans Patch 5mcg apply (1) patch per week # 4 x (1) refill has been modified to certify Butrans Patch 5mcg apply (1) patch per week #4 without refills, citing MTUS Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector patch 1.3% 1-2 patches twice a day #30 x1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC; Topical diclofenac.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Non-steroidal anti-inflammatory agents, Page 111-112; Non-steroidal anti-inflammatory medications, GI symptoms and cardiovascular risk, Page 68-69 Page(s): 111-112, 68-69.

Decision rationale: The requested Flector patch 1.3% 1-2 patches twice a day #30 x1 refill, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Topical Analgesics, Non-steroidal anti-inflammatory agents, Page 111-112, recommend topical analgesics with documented osteoarthritis with intolerance to oral anti-inflammatory agents; Non-steroidal anti-inflammatory medications, GI symptoms and cardiovascular risk, Page 68-69, note that all NSAIDs have the potential to raise blood pressure in susceptible patients. The injured worker has neck pain and numbness in her hands which failed to respond to conservative care. The treating physician has not documented the patient's intolerance of these or similar medications to be taken on an oral basis. The criteria noted above not having been met, Flector patch 1.3% 1-2 patches twice a day #30 x1 refill is not medically necessary.

Butrans patch 5mc apply 1 patch per week #4 x1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine-treatment of opiate addiction.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines page 27-28, Buprenorphine Page(s): 27-28.

Decision rationale: The requested Butrans patch 5mc apply 1 patch per week #4 x1 refill, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, page 27-28, Buprenorphine, note that it is Recommended for treatment of opiate addiction. Also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. The injured worker has neck pain and numbness in her hands which failed to respond to conservative care. The treating physician has not documented: the presence or history of opiate addiction or detoxification, derived functional improvement from previous use nor measures of opiate surveillance. The criteria noted above not having been met, Butrans patch 5mc apply 1 patch per week #4 x1 refill is not medically necessary.