

Case Number:	CM15-0053915		
Date Assigned:	03/27/2015	Date of Injury:	11/01/2007
Decision Date:	05/05/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/21/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 51-year-old who has filed a claim for chronic low back pain reportedly associated with an industrial injury of November 1, 2007. In a Utilization Review report dated March 4, 2015, the claims administrator failed to approve requests for Butrans patches, a topical diclofenac containing cream, and a topical ketamine containing cream. A progress note dated February 20, 2015 was referenced in the determination. The applicant's attorney subsequently appealed. On March 10, 2015, the applicant reported ongoing complaints of low back and lower extremity pain reportedly attributed to an electrodiagnostically confirmed lumbar radiculopathy. The applicant was using both diclofenac and ketamine containing creams for ongoing complaints of low back pain. 7-8/10 pain complaints were noted. The attending provider suggested that the applicant was intent on pursuing a TENS unit and/or intrathecal pain pump. The applicant's work status was not detailed, although it did not appear that the applicant was working. In a progress note dated January 27, 2015, the applicant again reported 7-8/10 low back pain complaints. Standing, bending, and lifting remained problematic, the treating provider acknowledged. Permanent work restrictions were endorsed. On February 24, 2015, Butrans patches, a diclofenac containing cream, and a ketamine containing cream were endorsed. The attending provider reiterated his request for a TENS unit, cognitive behavioral therapy, and possible intrathecal pain pump.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Butrans 5mcg/Hr Patch #4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine for chronic pain.

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

Decision rationale: No, the request for Butrans patches was not medically necessary, medically appropriate, or indicated here. While page 26 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that buprenorphine or Butrans is recommended in the treatment of opioid addiction and as an option in the treatment of chronic pain in applicants who have previously detoxified off of opioids, in this case, however, there was no mention of the applicant's having issues with opioid addiction on the February 24, 2015 progress note on which Butrans was endorsed. There was no mention of the applicant's having previously been detoxified off of opioids. Therefore, the request for a buprenorphine (Butrans) patch was not medically necessary.

1 Prescription Of Diclofenac Sodium 1.5% 60gm #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Voltaren Gel 1% (diclofenac) Page(s): 112.

Decision rationale: Similarly, the request for a topical diclofenac containing cream was likewise not medically necessary, medically appropriate, or indicated here. The applicant's primary pain generator here was the low back. However, page 112 of the MTUS Chronic Pain Medical Treatment Guidelines notes that topical diclofenac has not been evaluated for treatment involving the spine, hip, and/or shoulder. Here, the attending provider failed to furnish a compelling applicant-specific rationale which would support usage of a diclofenac containing cream in the face of the unfavorable MTUS position on the same for the body part in question, the lumbar spine. Therefore, the request is not medically necessary.

1 Prescription of Ketamine 5% Cream 60gm #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Ketamine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ketamine Page(s): 113.

Decision rationale: Finally, the request for a ketamine containing topical compounded cream was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, topical ketamine is deemed "under study" and recommended only for the treatment of neuropathic pain in refractory cases in which all primary and secondary treatments have been exhausted. Here, however, there was no mention of the applicant's having exhausted multiple primary and/or secondary treatments prior to introduction, selection, and/or ongoing usage of the ketamine containing compound in question. Therefore, the request was not medically necessary.