MAXIMUS Federal Services

| Case Number: | CM14-0147627 | | |
|---|---|---|---|
| Date Assigned: | 09/15/2014 | Date of Injury: | 08/05/2012 |
| Decision Date: | 10/17/2014 | UR Denial Date: | 08/21/2014 |
| Priority: | Standard | Application Received: | 09/11/2014 |

## 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

## 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 49-year-old female who reported an injury on 08/05/2012. The mechanism of injury was not submitted for clinical review. The diagnoses included pain in the joint of the shoulder, pain psychogenic, and long term use of medications. Previous treatments included medication, TENS unit, HEP unit, physical therapy, acupuncture, and chiropractic sessions. Diagnostic testing included an MRI. Within the clinical note dated 09/02/2014, it was reported the injured worker complained of shoulder pain. On the physical examination, the provider noted range of motion of the right shoulder was limited by 35%. External rotation was significantly limited and associated with pain. The injured worker had a painful arc of the right shoulder range of motion with about 100%. There was mid thoracic cervical paraspinal tenderness. The provider requested "buorenorphine", capsaicin cream, Gabapentin, and nabumetone (Relafen). However, a rationale was not submitted for clinical review. The Request for Authorization was submitted and dated 09/05/2014.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Buorenorphine 0.1mg #60:** Upheld

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

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

**Decision rationale:** The request for Buorenorphine 0.1mg #60 is not medically necessary. The California MTUS Guidelines note buprenorphine is recommended for the treatment of opioid addiction. It is also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opioid addiction. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. There is a lack of documentation indicating the injured worker is treated for opioid addiction or chronic pain after detoxification. The request failed to provide the frequency of the medication. Therefore, the request is not medically necessary.

**Capsicin Cream 0.075% #1:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs Page(s): 111-112..

**Decision rationale:** The request for Capsicin Cream 0.075% #1 is not medically necessary. The California MTUS Guidelines recommend topical NSAIDs for osteoarthritis and tendinitis, in particular that of the knee and/or elbow and other joints that are amenable. Capsaicin is only recommended as an option in patients who have not responded or are intolerant to other treatments. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency. The request as submitted failed to provide the treatment site. There is a lack of documentation indicating the injured worker had been intolerant or unresponsive to other treatments. Therefore, the request is not medically necessary.

**Gabapentin 600 mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin, Page(s): 49.

**Decision rationale:** The request for Gabapentin 600 mg #60 is not medically necessary. The California MTUS Guidelines note Gabapentin has been shown to be effective for the treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first line treatment for neuropathic pain. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Therefore, the request is not medically necessary.

**Nabumetone-Relafen 500 mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), Page(s): 66-67..

**Decision rationale:** The request for Nabumetone-Relafen 500 mg #90 is not medically necessary. The California MTUS Guidelines recommend nonsteroidal anti-inflammatory drugs at the lowest dose for the shortest period of time. The guidelines note NSAIDs are recommended for the signs and symptoms of osteoarthritis. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Therefore, the request is not medically necessary.