

Case Number:	CM14-0162884		
Date Assigned:	10/08/2014	Date of Injury:	04/11/2013
Decision Date:	11/04/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	10/03/2014

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 and is licensed to practice in California. 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:

This 51 year-old carpenter sustained an injury on 4/11/13 while employed by [REDACTED]. Requests under consideration include Pennsaid 2%, 2 pumps bid, 1 month #2 bottles and Butrans patch 5mcg/hour apply one patch to skin weekly, 1 month #4. Report of 8/20/14 from the provider noted the patient with ongoing chronic symptoms in right shoulder rated at 9/10 described as constant, sharp with shooting sensation. Exam showed patient is not in distress; right shoulder with tenderness; decreased active range of motion (no degrees or planes specified); tenderness of right sub-scapular region for myofascial pain. The patient remained not working since 8/3/13. Diagnoses included Shoulder pain; postoperative pain s/p right shoulder arthroscopy for rotator cuff repair on 1/29/14. Treatment plan included medications listing, Lyrica, Percocet, Butrans, and Pennsaid. The requests were non-certified on 9/12/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pennsaid 2%, 2 pumps bid, 1 month #2 bottles: 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 Analgesics Page(s): 111-113.

Decision rationale: Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical analgesic over oral non-steroidal anti-inflammatory drugs (NSAIDs) of Pennsaid (topical Diclofenac) or other pain relievers for a patient without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic. The Pennsaid 2%, 2 pumps bid, 1 month #2 bottles are not medically necessary and appropriate.

Butrans patch 5mcg/hourr apply one patch to skin weekly, 1 month #4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: Per MTUS Chronic Pain, BuTrans or Buprenorphine is a scheduled III controlled substance recommended for treatment of opiate addiction or opiate agonist dependence. BuTrans has one of the most high profile side effects of a scheduled III medication. Per the Guidelines, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial and use should be reserved for those with improved attributable functional outcomes. This is not apparent here as this patient reports no change in pain relief, no functional improvement in daily activities, and has not decreased in medical utilization or self-independence continuing to treat for chronic pain symptoms for this April 2013 injury. There is also no notation of any functional improvement while on opiates nor is there any recent urine drug screening results in accordance to pain contract needed in this case. Without sufficient monitoring of narcotic safety, efficacy, and compliance for this individual along with no weaning process attempted for this injury. Medical necessity for continued treatment has not been established for Butrans patch.