

Case Number:	CM14-0170015		
Date Assigned:	10/20/2014	Date of Injury:	07/03/2010
Decision Date:	11/20/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/15/2014

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 Orthopedic Surgeon and is licensed to practice in Florida and Georgia. 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 31-year-old male who reported an injury on 07/03/2010 while working as a welder using a sledge hammer repeatedly. He felt pain to the hand and forearm that was constant that was distributed to the ulnar aspect of the forearm, hand, and into the 5th digit. The injured worker complained of hand pain. The diagnoses included an ankle sprain, debridement and ulnar osteotomy, and debridement and hardware removal. Diagnoses included an unofficial MRI of the right wrist dated 01/12/2011 that revealed fluid in the distal radioulnar joint, no bony fracture, or focus of significant abnormal signal. The MRI of the right upper extremity dated 01/10/2011 showed evidence of ulnar neuropathy at the right elbow, consistent with mild right cubital tunnel syndrome. Past treatments included physical therapy, home exercise program, medication, TENS unit, acupuncture times 6 visits, a cortisone injection, and a wrist brace. The injured worker had 3 prior surgeries that included an arthroscopy of the hand dated 03/21/2011, and removal of hardware dated 09/21/2012. The ulnar conduction study dated 03/13/2014 to the right upper extremity revealed abnormalities from testing in 01/2011 and were resolved, no evidence of carpal tunnel syndrome, entrapment of Guyon's canal, or peripheral polyneuropathy. The clinical note dated 04/01/2014 indicated the medications included diclofenac sodium 25 mg, gabapentin 600 mg, and Norco 10/325 mg. The injured worker reported an 8/10 for pain using the VAS scale. The objective findings dated 02/18/2014 of the right elbow revealed tenderness to palpation at the ulnar nerve at the elbow, tenderness to palpation at the TFCC and ulnocarpal joint, and range of motion was mildly limited related to continued wearing of the brace. The treatment plan included restart the Butrans 20 mcg/hour patch #4. The request for authorization dated 10/20/2014 was submitted within the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans 20mcg/hr patch #4: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The CA MTUS states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety; also, that they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control; however, there is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended, therefore, is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The guidelines do not recommend Butran patches. As such, the request is not medically necessary.