

<b>Case Number:</b>	CM14-0216482		
<b>Date Assigned:</b>	01/06/2015	<b>Date of Injury:</b>	08/24/2006
<b>Decision Date:</b>	03/03/2015	<b>UR Denial Date:</b>	12/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/26/2014

### 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. 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, California  
 Certification(s)/Specialty: Family Practice

### 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 is a 41 years old female patient who sustained an injury on 8/24/2006. She sustained the injury due to cumulative trauma. The current diagnoses include right shoulder pain, status post right shoulder surgeries; bilateral upper extremity pain with medial epicondylitis and neck pain radiating to head and shoulder. Per the doctor's note dated 12/11/2014, she had complaints of right upper extremity pain and back pain with numbness in 4th and 5th digit of her right finger. The physical examination revealed tenderness over the back of the elbow and forearm on the medial aspect, tingling in the 4th and 5th digits with Tinel's at elbow. The medications list includes Motrin, Lidoderm Patch, Neurontin, Tizanidine and Butrans patch. She has had EMG in 2012 which revealed mild right ulnar neuropathy; cervical MRI which revealed disc bulge at C6-7. She has undergone right shoulder surgeries in 2007 and 2008. She has had physical therapy visits for this injury. Patient has tried H-wave with pain relief for 3 days.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Butrans patch 5mcg #4 x 1 refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Buprenorphine Page(s): 76-80, 26-27.

**Decision rationale:** Butrans contains Buprenorphine which is a partial opioid agonist. According to California MTUS guidelines, Buprenorphine is recommended for, "Treatment of opiate agonist dependence." A plan to discontinue narcotics is not specified in the records provided. According to California MTUS guidelines, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. The treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function, continuing review of overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to non-opioid means of pain control is not documented in the records provided. The response to non-opioid analgesic for this patient is not specified in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. MTUS guidelines also recommend urine drug screen to assess for the use or the presence of illegal drugs in patients using opioids for long term, which is not specified in the records provided. With this, it is deemed that this patient does not meet criteria for the ongoing use of opioid analgesics. The medical necessity of Butrans patch 5mcg #4 x 1 refill is not established for this patient at this time. Therefore, this request is not medically necessary.

**H-wave unit x 30 day trial:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation Page(s): 117-118.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT) Page(s): 117-118.

**Decision rationale:** Per the California MTUS Chronic Pain Medical Treatment Guidelines-H-wave stimulation (HWT) is "Not recommended as an isolated intervention, but a one-month home-based trial of H Wave stimulation may be considered as a noninvasive conservative option for diabetic neuropathic pain, or chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration, and only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS)." Evidence of diabetic neuropathy is not specified in the records provided. Evidence of failure of conservative therapy

including physical therapy is not specified in the records provided. In addition, patient has tried H-wave unit. Evidence of objective improvement in terms of decreased medications need and increased functional activity with the use of H-wave is not specified in the records provided. The medical necessity for H-wave unit x 30 day trial is not fully established for this patient at this juncture. Therefore, this request is not medically necessary.

**Lidoderm patch 5% #60 x 3 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics, Lidoderm (lidocaine patch) Page(s): 111-113, 56-57.

**Decision rationale:** According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents." According to the MTUS Chronic Pain Guidelines, "Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia." MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Failure of antidepressants and anticonvulsants for these symptoms are not specified in the records provided. Intolerance to oral medications for pain is not specified in the records provided. Any evidence of post-herpetic neuralgia is not specified in the records provided. The medical necessity of Lidoderm patch 5% #60 x 3 refills is not fully established for this patient. Therefore, this request is not medically necessary.