

<b>Case Number:</b>	CM15-0018928		
<b>Date Assigned:</b>	02/06/2015	<b>Date of Injury:</b>	05/02/2009
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	01/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/02/2015

### 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: Arizona, 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:

The injured worker is a 45 year old male, who sustained an industrial injury reported on 5/2/2009. He has reported worsening pain to the left ankle, knees, and low back; causing decreased activity. The diagnoses were noted to have included significant arthralgia to the left ankle and foot region; recurrent myofascial strain; left tarsal tunnel syndrome; chronic lumbar backache; left knee region arthralgia neuropathic pain; internal derangement; lumbar degenerative disk disease; degenerative arthritis knee; and allergies to penicillin, non-steroidal anti-inflammatories (NSAIDS), and Norco. Significant history includes chronic renal failure (unable to take NSAIDS), hypertension, heart attack (8/26/14); and diabetes mellitus type 2. Treatments to date have included consultations; diagnostic imaging studies; foot surgery (4/25/10); ankle surgery with poster anterior nerve transposition; physical therapy; nerve blocks to the foot; bilateral AFO braces; activity modifications; use of a scooter; draining of a swollen knee; and medication management that included opioids and resulting in significant constipation that resulted in Butrans patch. The work status classification for this injured worker (IW) was noted to be permanent and stationary, has met maximum medical improvement, and is disabled. On 1/21/2015, Utilization Review (UR) non-certified, for medical necessity, the request, made on 11/16/2014, for QVAR 80mcg, #120 or 60 day supply, 2 sprays to the skin prior to placing the Butrans patch. The Medical Treatment Utilization Schedule, chronic pain physical medicine; Physician's Desk Reference, 2015 information, standard practice topical analgesics, was cited. The PR-2, dated 1/7/2015, notes the rationale for the use and

recommendation of the QVAR (beclomethasone) 80mcg, in the treatment plan, stating "will add qvar as spray before patch for rash".

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**QVAR 80mcg Qty 120 (apply 2 sprays on the skin before putting on Butrans patch):**

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 Butrans Page(s): 26-27.

**Decision rationale:** Buprenorphine (Butrans) is used for treatment of opioid addiction or for chronic pain after detoxification of opioid use. Its use as a patch has been used due to the advantages of no analgesic ceiling, good safety profile and ability to suppress opioid withdrawal. In this case there is no mention of opioid addiction or need for opioid detoxification. As a result, the use of Butrans patches is not medically necessary. In this case, the claimant had been placed on Butrans due to a Norco sensitivity. However there was no mention of Butran's allergy. Qvar is an aerosolized steroid used for bronchodilation. It is not indicated for topical use in conjunction with Butrans. In addition, the BUtran was not indicated therefore the Qvar is not medically necessary.