

<b>Case Number:</b>	CM15-0094315		
<b>Date Assigned:</b>	07/14/2015	<b>Date of Injury:</b>	12/05/1996
<b>Decision Date:</b>	09/10/2015	<b>UR Denial Date:</b>	04/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/18/2015

### 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: New York

Certification(s)/Specialty: Pediatrics, Internal Medicine

### 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 64 year old male who sustained an industrial injury on 12/05/1996. Current diagnoses include lumbar sprain/strain (worse), chronic pain syndrome (worse), and lumbar degenerative disc disease (worse). Previous treatments included medications, surgical interventions, E-Stim unit, pain rehabilitation program, and home exercise. Initial injuries occurred when the worker fell 9-10 feet from the roof of a tractor, causing injuries to his back, bilateral legs, and bilateral hips. Report dated 04/02/2015 noted that the injured worker presented with complaints that included back, leg, and hip pain. It was noted that the injured worker has worsening right hip pain. Pain level was 8 out of 10 on a visual analog scale (VAS). Physical examination was positive for decreased, painful range of motion in the lumbar spine. The treatment plan included reviewing blood test results from 01/12/2015 (creatinine, AST, ALT, and testosterone levels) which were all found to be within normal limits, request for E-stim unit supplies, request for Butrans patch, Androderm patch, Icy Hot ointment, Prilosec, Colace, and Pamelor, and follow up in 3 months. The injured worker is permanent and stationary. A primary treating physician report dated 10/02/2014 documented that the injured worker has a diagnosis of pain disorder associated with both psychological factors and a general medical condition. Report dated 11/05/2014 noted that the injured worker has decreased leg pain, especially at night with the use of Pamelor. Disputed treatments include Butrans patch, Pamelor, Androderm patch, and Icy Hot ointment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Butrans patch 10mcg #4 with 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional improvement, Buprenorphine Page(s): 1, 26-27.

**Decision rationale:** The California MTUS chronic pain medical treatment guidelines have specific guidelines for the use of Buprenorphine (Butrans patch). Buprenorphine is recommended for the treatment of opiate addiction and as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. In recent years, Buprenorphine has been formulated into a transdermal (patch) for the treatment of chronic pain. Use of the 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. Furthermore, the documentation does not support functional improvement with the use of Butrans patches. There is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care. Functional improvement means decrease in work restrictions or improvement in activities of daily living (ADLs) plus decreased dependence on medical treatment. Also, the treating physician's request did not include the site of application, or directions for use. As such, the prescription is not sufficient and not medically necessary. Therefore the request for Butrans patch 10mcg, #4 with 2 refills is not medically necessary.

**Pamelor 10mg #60 with 2 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Antidepressants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional improvement, Antidepressants for chronic pain Page(s): 1, 13-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Antidepressants for chronic pain, Tricyclic antidepressants.

**Decision rationale:** The California MTUS and Official Disability Guidelines (ODG) recommends antidepressants for chronic pain as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclic antidepressants, such as Nortriptyline (Pamelor), are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. In addition, recent reviews recommended tricyclic antidepressants as a first-line option, especially if pain is accompanied by insomnia, anxiety, or depression. PR-2 report dated 10/02/2014 documented that the injured worker has a diagnosis of pain disorder

associated with both psychological factors and a general medical condition. Report dated 11/05/2014 noted that the injured worker has decreased leg pain, especially at night with the use of Pamelor. There was no documentation to support that the injured worker has been diagnosed with insomnia, anxiety or depression. The provider did not include functional improvement with the use of this medication. Functional improvement means decrease in work restrictions or improvement in activities of daily living (ADLs) plus decreased dependence on medical treatment. Therefore the request for Pamelor 10mg, #60 with 2 refills is not medically necessary.

**Androderm patch 4mcg #30 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Testosterone Replacement for Hypogonadism (Related To Opioids).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Testosterone replacement for hypogonadism (related to chronic pain) Page(s): 110-111.

**Decision rationale:** The California MTUS chronic pain medical treatment guidelines have specific guidelines for use of testosterone replacement for Hypogonadism (related to chronic pain). "Recommended in limited circumstances for patients taking high-dose long-term opioids with documented low testosterone levels." The medical record dated 04/02/2015 submitted for review noted that the injured worker had a testosterone level checked in 01/12/2015 and levels were documented as within normal limits. Since testosterone levels were within normal limits the medical necessity for use of Androderm patch is not supported. Therefore the request for Androderm patch 4mcg, #30 with 2 refills is not medically necessary.

**Icy Hot ointment #1 with 2 refills:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.icyhot.com/professionals/](http://www.icyhot.com/professionals/).

**Decision rationale:** The MTUS and ODG are silent with regard to menthol and camphor. They may be used for relief of dry, itchy skin. These agents carry warnings that they may cause serious burns. Icy Hot products contain menthol, a combination of menthol and camphor, and a combination of menthol and methyl salicylate. These ingredients create cooling and warming sensations that divert attention from the actual pain and help block the pain signals being sent to the brain. The CA MTUS Guidelines define functional improvement as "a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management and a reduction in the dependency on continued medical treatment." The documentation submitted did not support functional improvement with the use of Icy Hot ointment. Therefore the request for Icy Hot ointment, #1 with 2 refills is not medically necessary.