

Case Number:	CM14-0155960		
Date Assigned:	09/25/2014	Date of Injury:	10/25/2007
Decision Date:	11/04/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	09/23/2014

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 Surgery 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:

55 year old female with an industrial injury dated 2007. Exam note 02/03/14 states the patient returns with headaches, left arm and left neck pain. The patient demonstrates a decreased cervical range of motion with crepitus and no neurologic deficits. Exam note 09/10/14 states the patient returns with neck pain. The patient explains that the current medications are very helpful with pain relief and without then she suffers from severe pain. Current medications include Nucynta, Celebrex, Zanaflex, Norco, Lidoderm patches and volataren gel. The patient rates the pain a 6/10 and that the pain is worse on the left side more than the right, in addition to occiput pain with headaches. Treatment includes a continuation of medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta ER 50mg, 1 po q 12hr pm baseline pain; no refills, Quantity: 60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Tapentadol (Nucynta)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Tapentadol

Decision rationale: CA MTUS/ACOEM is silent on Nucynta. According to ODG Pain chapter, Tapentadol (Nucynta) is recommended as a second line therapy for patients who develop intolerable adverse effects with first line opioids. In this case the exam note from 2/3/14 does not demonstrate that the patient has developed adverse effects with first line opioid medication. Therefore the determination is for not medically necessary.

Topical Lidoderm Patches, no refills, Quantity: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

Decision rationale: Per the CA MTUS regarding topical analgesics, Chronic Pain Medical Treatment Guidelines, page 111-112 "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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Therefore the determination is for not medically necessary.

Zanaflex 4mg, 1 1/2 tab po qhs, no refills, Quantity: 45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Zanaflex Page(s): 66.

Decision rationale: Per the CA MTUS/Chronic Pain Treatment Guidelines, page 66, Zanaflex is appropriate for chronic myofascial pain syndrome and is approved for spasticity. In this case there is no objective evidence in the exam note from 2/3/14 supporting spasticity and no evidence of chronic myofascial pain syndrome or fibromyalgia. Therefore the determination is for not medically necessary.

Topical Voltaren Gel, 1 tube, no refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Voltaren Gel (Diclofenac). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter: Voltaren Gel (Diclofenac)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

Decision rationale: Per the CA MTUS regarding topical analgesics, Chronic Pain Medical Treatment Guidelines, page 111-112 "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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Therefore the determination is for not medically necessary.