

Case Number:	CM13-0007783		
Date Assigned:	03/03/2014	Date of Injury:	05/06/2009
Decision Date:	04/11/2014	UR Denial Date:	07/22/2013
Priority:	Standard	Application Received:	08/05/2013

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 Anesthesiology, has a subspecialty in Pain Management, 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:

According to the records made available for review, this is a 46-year-old female with a 5/6/09 date of injury. At the time (7/12/13) of request for authorization for Nucynta 75mg, #15, Soma 350MG tab, #120, Voltaren gel 1%, #3, and Nucynta EX 50mg, #90, there is documentation of Final Determination Letter for IMR Case Number CM13-0007783 3 subjective (increased neck pain, poor sleep, and states that "medications are working well") and objective (restrcuted cervical range of motion, tenderness to palpation of the paravertebral and paracervical muscles, positive cervical facet loading, and decreased sensation over the lateral forearm on the left side) findings, current diagnoses (lumbar radiculopathy, low back pain, cervical facet syndrome, and cervical pain), and treatment to date (Nucynta, Soma, and Voltaren gel since at least 4/6/12). In addition, 7/12/13 medical report identifies that "Nucynta is working better to control the pain, with less episodes of breakthrough pain." Furthermore, 8/16/13 medical report identifies a signed narcotics agreement. Regarding the requested Nucynta 75mg, #15 and Nucynta EX 50mg, #90, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services; and intolerable adverse effects with first line opioids. Regarding the requested Soma 350MG tab, #120, there is no documentation of acute muscle spasms; the intention to treat over a short course (less than two weeks); and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Regarding the requested Voltaren gel 1%, #3, there is no documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist); short-term use (4-12 weeks); functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a

reduction in the use of medications or medical services; and failure of an oral NSAID or contraindications to oral NSAIDs.

IMR ISSUES, DECISIONS AND RATIONALES

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

NUCYNTA 75MG, #15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-80.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of Opioids. In addition, MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation of Nucynta used as a second line therapy for patients who develop intolerable adverse effects with first line opioids, as criteria necessary to support the medical necessity of Nucynta. Within the medical information available for review, there is documentation of diagnoses of lumbar radiculopathy, low back pain, cervical facet syndrome, and cervical pain. In addition, given documentation of a signed narcotics agreement, there is necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review Final Determination Letter for IMR Case Number CM13-0007783 4 and documentation of pain relief, functional status, appropriate medication use, and side effects. However, despite nonspecific documentation that "Nucynta is working better to control the pain, with less episodes of breakthrough pain", there is no specific documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. In addition, there is no documentation of intolerable adverse effects with first line opioids. Therefore, based on guidelines and a review of the evidence, the request for Nucynta 75mg, #15 is not medically necessary.

SOMA 350MG TAB, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 63-67.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 29. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), PAIN, MUSCLE RELAXANTS (FOR PAIN).

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that Carisoprodol (Soma) is not recommended and that this medication is not indicated for long term use. In addition, MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of diagnoses of lumbar radiculopathy, low back pain, cervical facet syndrome, and cervical pain. However, there is no documentation of acute muscle spasms. In addition, given documentation of ongoing therapy with Soma since at least 4/6/12, there is no documentation of the intention to treat over a short course (less than two weeks); and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Therefore, based on guidelines and a review of the evidence, the request for Soma 350MG tab, #120 is not medically necessary.

VOLTAREN GEL 1%, #3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NON STEROIDAL ANTI INFLAMMATORY AGENTS, PAGE Page(s): 112-113. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), PAIN, DICLOFENAC SODIUM

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist) and short-term use (4-12 weeks), as criteria necessary to support the medical necessity of Voltaren Gel 1%. In addition, MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation of failure of an oral NSAID or contraindications to oral NSAIDs, as criteria necessary to support the medical necessity of Voltaren Gel. Within the medical information available for review, there is documentation of diagnoses of lumbar radiculopathy, low back pain, cervical facet syndrome, and cervical pain. However, there is no documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). In addition, given documentation of ongoing treatment with Voltaren since at least 4/6/12, there is no documentation of short-term use (4-12 weeks). Furthermore there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity

tolerance; and/or a reduction in the use of medications or medical services. Lastly, there is no documentation of failure of an oral NSAID or contraindications to oral NSAIDs. Therefore, based on guidelines and a review of the evidence, the request for Voltaren gel 1%, #3 is not medically necessary.

NUCYNTA EX 50MG, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-80. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), PAIN, TAPENTADOL (NUCYNTA

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of Opioids. In addition, MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation of Nucynta used as a second line therapy for patients who develop intolerable adverse effects with first line opioids, as criteria necessary to support the medical necessity of Nucynta. Within the medical information available for review, there is documentation of diagnoses of lumbar radiculopathy, low back pain, cervical facet syndrome, and cervical pain. In addition, given documentation of a signed narcotics agreement, there is necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, despite nonspecific documentation that "Nucynta is working better to control the pain, with less episodes of breakthrough pain", there is no specific documentation of functional benefit Final Determination Letter for IMR Case Number CM13-0007783 6 or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. In addition, there is no documentation of intolerable adverse effects with first line opioids. Therefore, based on guidelines and a review of the evidence, the request for Nucynta EX 50mg, #90 is not medically necessary.