MAXIMUS Federal Services

Case Number:	CM13-0035300		
Date Assigned:	12/13/2013	Date of Injury:	10/25/2007
Decision Date:	01/31/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/29/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 physician 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:

The claimant is a 54-year-old female presenting with neck and back pain following a work-related injury on October 25, 2007. The claimant is status post anterior corpectomy and fusion, C4-C6 using left iliac crest bone graft and plate fixation on 4/30/2009. The physical exam is significant for restricted motion causing pain and muscle spasms, tenderness in the left paracervical with spasms, right paracervical spasm, trapezius. The claimant was diagnosed with significant central stenosis at C2-3 and C3-4 as well as C6-7 status post anterior corpectomy and fusion C4-C6 using left iliac crest bone graft and plate fixation, myelomalacia C4-5. The claimant had an electrodiagnostic study which was significant for moderate right C4 sensory radiculopathy, moderate right C7 sensory radiculopathy, and moderate bilateral median nerve dysfunction across the wrist. The claimant was taking Anaprox DS 550 mg, Norco 10 for 325, Zanaflex 4 mg and Lidoderm patches 5%. The medical records noted that the claimant is permanently stationary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Lidoderm Patches 5% SIG: Upheld

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

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

Decision rationale: Topical Lidoderm Patches 5% is not medically necessary. Per CA MTUS page 111 states that topical analgesics are " recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (anti-depressants or AED)...Only FDA-approved products are currently recommended. Non-neuropathic pain: Not recommended. The claimant was diagnosed with cervical radiculopathy and median nerve dysfunction. The medical records did not indicate that the claimant had a trial of anti-depressants or anticonvulsants as first line of therapy. Per CA MTUS guidelines for topical analgesic Lidoderm Patches 5% are not medically necessary.

Norco 10-325mg tablet SIG: 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 Opioids Page(s): 79.

Decision rationale: Norco 10/325mg is not medically necessary. Per MTUS Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. In fact, the medical records note that the claimant was permanent and stationary. The claimant has long-term use with this medication and there was a lack of improved function or return to work with this opioid and all other medications; therefore Norco is not medically necessary.

Nucynta ER 50mg tablet extended release 12hr SIG: 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 Opioids Page(s): 79.

Decision rationale: Nucynta ER 50mg tablet extended release 12 hours is not medically necessary. Per MTUS Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. In fact, the medical

records note that the claimant was permanent and stationary. The claimant has long-term use with this medication and there was a lack of improved function or return to work with this opioid and all other medications; therefore Nucynta is not medically necessary.

Voltaren 1% Gel SIG: Upheld

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

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

Decision rationale: Voltaren 1 % gel is not medically necessary. Voltaren 1% gel is a topical NSAID. CA MTUS guidelines indicate this medication for Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. It is also recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of pain associated with the spine, hip or shoulder. The provider recommended the compounded ointment for the claimant's low back pain. Therefore, the medication is not indicated.