

Case Number:	CM13-0038163		
Date Assigned:	12/18/2013	Date of Injury:	06/07/2012
Decision Date:	02/03/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	11/05/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 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 patient is a 30 year old, male with a date of injury of 08/07/2012. Patient has diagnoses of mechanical neck pain, bilateral occipital neuralgia, whiplash syndrome, and myofascial pain syndrome. According to progress report by [REDACTED], dated 09/18/2013, patient complains of pain in his neck and lower back. Patient states he has noticed some benefit in his pain and flexibility with physical therapy. Patient is currently taking over the counter Tylenol, which he states helps with his lower back pain. Physical examination of the back showed limited range of motion in lumbar and cervical spine and left scapulae muscle was stiff and tender. Examination of the right wrist indicated patient was very tender over radial styloid area. Patient was prescribed Nucynta 50mg and Robaxin 500mg to better manage pain and a trial of medicated compound cream for the wrist pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Opioids Page(s): 76-78.

Decision rationale: Medical records dated 09/18/2013 document that patient received some relief of pain with over the counter Tylenol, yet the patient is prescribed a new opiate, Nucynta. Nucynta (Tapentadol) is an opiate, a combination drug with mu-receptor agonist and noradrenergic uptake inhibitor. The requesting physician does not provide a rationale for prescribing this medication. There are no discussions as to why this medication is being prescribed other than for presumed pain. For initiating opiates, MTUS requires documentation of reasonable alternatives to treatments that have been tried; likely of improvement with an opiate, etc. In this case, no such discussions are provided. The patient reported as improved with over the counter Tylenol and it is not known why Nucynta is added. Recommendation is for denial.

Robaxin: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

Decision rationale: Medical records indicate patient was prescribed Robaxin on 10/09/2012. It was noted on report dated 11/01/2012, patient was to temporarily discontinue Robaxin, an explanation for the temporary discontinuance was not provided. Patient has trialed this medication for over 3 weeks. MTUS p64 recommends muscle relaxants for a short course of therapy, no longer than 2-3 weeks. Recommendation is for denial.

Medicated creams: Upheld

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

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

Decision rationale: The treater requests a medicated compound cream (Diclofec 3%, Baclofen 2%, Cyclobenzaprine 2%, Gabapentin 6% and Tetracaine 2%) to treat patient's right wrist which was document as "very tender over radial stylus area". MTUS state topical creams are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS further states that all components of a compounded cream must be recommended and if one component is not, then the entire compounded product is not recommended. In this case, Baclofen, Gabapentin and Flexeril in topical cream form are not recommended for any condition per MTUS. Recommendation is for denial.