MAXIMUS Federal Services

Case Number:	CM14-0000883		
Date Assigned:	01/22/2014	Date of Injury:	12/01/2010
Decision Date:	06/25/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	01/02/2014

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 Family Practice and is licensed to practice in California, Virginia, and Tennessee. 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:

The injured worker is a 47 year old male injured on 12/01/10 due to an undisclosed mechanism of injury. Current diagnoses include C5-6 and C6-7 central disc protrusion (neck), left posterior cervical pain, left upper extremity pain, and left shoulder pain. The documentation indicates the injured worker has undergone two shoulder surgeries, physical therapy, and medication management following the initial injury. The clinical note dated 11/20/13 indicates the injured worker presented with continued complaints of left shoulder pain described as aching, deformity, swelling, tenderness, and throbbing. Pain scale rated at 7/10 with associated numbness and tingling in the bilateral upper extremities and radicular pain in the bilateral upper extremities. The injured worker also complains of neck pain rated at 6-7/10 worsened when turning his neck to the left. Physical examination revealed left upper extremity muscle groups 4/5, left shoulder range of motion decreased, median nerve compression reproduces numbness and tingling, Tinel's test is abnormal, C6 through C8 dermatome demonstrates decreased light touch sensation on the left, left biceps reflex and left brachial radialis reflex is 1/4. Examination of the cervical spine reveals pain to palpation over C2 through C5 facet on the left, decreased range of motion, positive Spurling's, and positive foraminal compression test. Medications include Cymbalta 60mg daily, compounded topical medication daily, Naprosyn 500mg, and Nucynta 50mg twice daily. The original request for Diclofenac 3%, Baclofen 2%, Cyclobenzaprine 2%, Gabapentin 6%, Tetracaine 2% two times daily and Nucynta 50mg one tab twice daily was initially non-certified on 12/03/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

DICLOFENAC 3%, BACLOFEN 2%, CYCLOBENZAPRINE 2%, GABAPENTIN 6%, TETRACINE 2% TWO TIMES DAILY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 9792.20, Topical analgesics Page(s): 111.

Decision rationale: As noted on page 111 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Further, CAMTUS, Food and Drug Administration, and Official Disability Guidelines require that all components of a compounded topical medication be approved for transdermal use. This compound contains: Baclofen, Cyclobenzaprine, Gabapentin, and Tetracine which have not been approved for transdermal use. The clinical documentation indicates the injured worker is currently utilizing Cymbalta. In addition, there is no evidence within the medical records submitted that substantiates the necessity of a transdermal versus oral route of administration. Therefore the request for Diclofenac 3%, Baclofen 2%, Cyclobenzaprine 2%, Gabapentin 6%, Tetracine 2% two times daily does not meet established and accepted medical guidelines and as such is not medically necessary and appropriate.

NUCYNTA 50 MG TAB TAKE ONE TWICE A DAY: 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 Chronic Pain Medical Treatment Guidelines 9792.20, Opioids, criteria for use Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. In addition, no recent opioid risk assessments regarding possible dependence or diversion were available for review. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the request for Nucynta 50 mg tab take one twice a day is not medically necessary and appropriate.