

Case Number:	CM14-0158554		
Date Assigned:	10/03/2014	Date of Injury:	07/12/2006
Decision Date:	11/03/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/26/2014

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 Occupational Medicine 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:

This is a 64-year-old female with a 7/12/06 date of injury. A specific mechanism of injury was not described. According to a progress report dated 8/13/14, the patient complained of neck pain and right shoulder pain. She rated her pain with medications as 7/10 and rated her pain without medications as 10/10. Her quality of sleep is poor and her activity level has remained the same. Objective findings: restricted range of motion of cervical spine; spasm, tenderness, and tight muscle band noted on paravertebral muscles; mild tenderness noted at paracervical muscles, right trapezius especially over lower facet joints; restricted movements of right shoulder; tenderness to palpation of right shoulder. Diagnostic impression: cervical facet syndrome, cervical spondylosis, carpal tunnel syndrome, ulnar neuropathy, right shoulder pain, cervical radiculopathy, spasm of muscle. Treatment to date: medication management, activity modification, cervical ESI, TENS unit, surgery. A UR decision dated 8/28/14 denied the requests for Nucynta and Lidocaine ointment. A specific rationale for denial was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 50mg #30, DOS: 8/13/14: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: CA MTUS does not address this issue. Nucynta (tapentadol) is recommended as second-line therapy for patients who develop intolerable adverse effects with first-line opioids. Tapentadol is a new centrally acting oral analgesic. It has two mechanisms of action, combining mu-opioid receptor agonism and norepinephrine reuptake inhibition. Nucynta has the same pain-relieving benefits of OxyIR, as well as the same risks that come with any opioid, but shows a significant improvement in gastrointestinal tolerability compared with oxycodone, so if patients on OxyIR complain of constipation, nausea, and/or vomiting, Nucynta might be recommended as a second-line choice. However, in the present case, there is no documentation that the patient has had a trial and failure of a first-line opioid medication. In addition, there is no documentation of functional improvement from medication use. Furthermore given the 2006 date of injury, the duration of opiate use to date is not clear. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. Therefore, the request for Nucynta 50mg #30, DOS: 8/13/14 was not medically necessary.

Lidocaine 5% ointment #1, DOS: 8/13/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Boswellia Serrata Resin, Capsaicin, Topical Analgesics (Page(s): 25, 28 111-113.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Guidelines do not support the use of lidocaine in a topical cream/lotion/ointment formulation due to the risk of toxicity. A specific rationale identifying why this topical compounded medication would be required in this patient despite lack of guideline support was not provided. Therefore, the request for Lidocaine 5% ointment #1, DOS: 8/13/14 was not medically necessary.