

<b>Case Number:</b>	CM14-0167200		
<b>Date Assigned:</b>	10/14/2014	<b>Date of Injury:</b>	03/08/2010
<b>Decision Date:</b>	11/17/2014	<b>UR Denial Date:</b>	09/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2014

### 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. 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:

55 yr. old female claimant sustained a work injury on 3/8/10 involving the low back, neck, arms, knees and shoulders. She was diagnosed with occipital headaches, shoulder impingement, lumbosacral spinal injury, bilateral knee meniscal injuries, and annular disruption. A progress note on 10/6/14 indicated the claimant had been on Lidoderm 5% pain patch, Norco 10/325 mg q3hr and Nucynta 100 mg BID for pain. She had 6/10 back pain at the time with burning, pressure, pin and needles sensation. She had been on the above medications for several months with similar pain levels and exam findings. She had improvement with SI joint injections and home exercise. Her psychiatric review of symptoms were negative. Exam findings were notable for a normal psychiatric exam. Her L4 dermatomes had decreased sensation. Neck and Lumbar exam showed tenderness to palpation. There was painful reduced range of motion. She had been on Savella BID and was continued on the above pain medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nucynta 100mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-92. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Nucynta Product Insert

**Decision rationale:** Nucynta contains opioids and is intended for managing 24-hour pain. According to the MTUS guidelines, opioids are not indicated for mechanical or compressive etiologies. In addition, the claimant had been on high dose Norco 80 mg daily without any change in function or pain level over several months. Not one opioid is superior to another. There is no documentation of 1st line treatment such as Tylenol. In addition, there is no documentation of a controlled substance agreement or management plan. Continued use of Nucynta is not medically necessary.

**Norco 10/325mg #240:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-92.

**Decision rationale:** Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain . It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for several months without significant improvement in pain or function. The continued use of Norco is not medically necessary.

**Savella 75mg #240:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13.

**Decision rationale:** Savella is an SNRI anti-depressant. According to the MTUS guidelines, SNRI may be used for fibromyalgia and neuropathic pain related to diabetes. It is off-label for radicular type pain. In this case, the claimant does not have a diagnosis of fibromyalgia or diabetic neuropathy. The use of Savella is not medically necessary.

**Lidoderm 5% Patch #180:** 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 Topical analgesics Page(s): 111-112.

**Decision rationale:** According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). In this case, there is no documentation of failure of 1st line medications. In addition, other topical formulations of Lidocaine are not approved. The Lidocaine 5% patch is not medically necessary.