

Case Number:	CM14-0169322		
Date Assigned:	10/17/2014	Date of Injury:	05/20/2009
Decision Date:	11/19/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/14/2014

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:

The injured worker is a 40-year-old male who sustained an injury on May 20, 2009. He is diagnosed with (a) chronic low back pain, (b) lumbar fusion and revision, (c) lumbar radiculopathy, and (d) chronic left ankle pain status post ligamentous reconstruction. He was seen for an evaluation on September 30, 2014. He complained of chronic low back pain with radiation into the bilateral lower extremities with associated numbness. He reported that Nucynta was effective in reducing his pain to manageable levels but noted mild sedation and constipation from the medication. An examination revealed a well-healed upper midline abdominal scar and a large, well-healed midline lumbar scar. There was moderate left-sided lumbar paraspinal muscle tenderness. Lumbar flexion was limited at 60 degrees and extension at 5 degrees. Strength, sensation, and reflexes in the lower extremities were normal. There was mild tenderness and limited range of motion of the right ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 0.25mg 1 tab PO OD #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazapines Page(s): 24.

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, Alprazolam (Xanax), Benzodiazepines

Decision rationale: The request for Xanax 0.25 mg 1 tab orally is not medically necessary at this time. Review of medical records revealed that Xanax, a benzodiazepine, was to be trialed for management of anxiety. However, guidelines provide support for antidepressants as a more appropriate treatment for anxiety. Hence, the request is not medically necessary.

Compound Cream 720g (Flurbiprofen/Cyclobenzaprine/Gabapentin/Lidocaine/Prilocaine): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Compound Drugs

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

Decision rationale: The request for flurbiprofen/cyclobenzaprine/gabapentin/lidocaine/prilocaine cream is not medically necessary at this time. According to the California Medical Utilization Schedule, topical analgesics are recommended for neuropathic pain only when trials of antidepressants and anticonvulsants have failed. From the medical records reviewed, there was no documentation that the injured worker underwent and failed a trial of antidepressants and anticonvulsants. More so, the same reference stipulated that any compounded product that contains at least one drug that is not recommended is not recommended. While this topical analgesic contains lidocaine, which is recommended as topical agents, guidelines do not support topical use of flurbiprofen and gabapentin; whereas, topical cyclobenzaprine and topical prilocaine were not mentioned by the guidelines.

Nucynta 50mg 1 tab q 6 hours #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Tapentadol (Nyucenta)

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 (tapentadol)

Decision rationale: The request for Nucynta 50 mg #120 is not medically necessary at this time. As per the guidelines, this medication is recommended as second-line therapy for those who develop intolerable adverse effects from first-line opioids. Based on the reviewed medical records, there was no documentation that the injured worker trialed first-line opioids and, subsequently, was unable to tolerate its adverse effects. Proceeding with Nucynta 50 mg #120 is considered unnecessary.

