

Case Number:	CM14-0023507		
Date Assigned:	02/26/2014	Date of Injury:	06/27/2011
Decision Date:	07/28/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/25/2014

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 Anesthesiology, has a subspecialty in Pain Management, 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 patient is a 42-year-old male who has submitted a claim for cervical radiculopathy, left occipital neuralgia, head trauma without loss of consciousness, neck pain, cephalgia, tension headache, pain-related insomnia, myofascial syndrome, neuropathic pain, and right knee internal derangement, lateral meniscal tear, and medial meniscal tear associated with an industrial injury date of June 27, 2011. The medical records from 2012-2014 were reviewed. The patient complained of neck pain, upper extremity pain, headaches, and knee pain. The headaches was described as stabbing and over the right side. There was intermittent heaviness on the right shoulder, and pain in the left arm over the triceps. There knee pain was bilateral, right greater than the left. Pain intensity was rated 6-7/10. Physical examination showed tenderness over the suboccipital region, upper trapezius and the cervical paraspinal muscles. Cervical spine range of motion was limited. Right knee examination showed joint line tenderness and decreased range of motion. Left knee examination has motor strength 4/5 with flexion and extension, and restricted range of motion due to pain. MRI (magnetic resonance imaging) of the right knee, dated May 30, 2012, revealed grade III signal/tear involving body and anterior horn of lateral meniscus with small parameniscal cyst. Other imaging studies were not available for review. The treatment to date has included medications, physical therapy, chiropractic therapy, transcutaneous electrical nerve stimulation (TENS) unit, acupuncture, activity modification, and cervical epidural steroid injection. A utilization review, dated January 30, 2014, approved the request for Gabapentin 600mg and modified to Gabapentin 600mg three tab every six hours #90 because the patient presents with neuropathic pain complaints. The request for Medrox topical patch was denied because there was no clear rationale for using this medication as opposed to supported alternatives. Cidaflex was denied as well because there was no evidence of failure of first-line therapeutic options and no evidence that treatment will be limited to a short-term

treatment course. Finally, the request for Nucynta 75mg was also denied because there was little evidence as to the domains of ongoing opioid management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTIEPILEPSY DRUGS Page(s): 16-17. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Neurontin.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs Page(s): 16-22.

Decision rationale: According to the CA MTUS guidelines, Gabapentin has been considered as a first-line treatment for neuropathic pain. The patient should be asked at each visit as to whether there has been a change in pain or function. Outcomes with at least 50% reduction of pain are considered good responses while those with 30% reduction may consider another or additional agent. In this case, the patient has been prescribed Gabapentin 500mg on May 1, 2013 and was shifted to Gabapentin 600 mg since July 24, 2013. Although there was evidence of neuropathy from the submitted medical records, there was no documentation of objective functional benefit from the medication. Furthermore, the present request failed to specify the quantity to be dispensed. Therefore the request for Gabapentin 600mg is not medically necessary.

Medrox topical patch: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Salicylate topicals.

Decision rationale: Medrox is a compounded medication that includes 5% methyl salicylate, 20% menthol, and 0.0375% capsaicin. The CA MTUS guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. It is primarily recommended for neuropathic pain. According to the MTUS guidelines, topical salicylate is significantly better than placebo in chronic pain. Regarding the Menthol component, CA MTUS does not cite specific provisions, but the Official Disability Guidelines (ODG), Pain Chapter states that the Food and Drug Administration (FDA) has issued an alert in 2012 indicating that topical over the counter pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. Regarding the capsaicin component, the guidelines state there is no current indication that an increase over a 0.025% formulation would provide any further efficacy. The guidelines state that capsaicin in a 0.0375% formulation is not recommended for topical applications. Moreover, the MTUS indicate that any

compounded product that contains at least one drug that is not recommended is not recommended. In this case, Medrox was being prescribed since May 2013. However, there was no documentation of continued functional benefit. Moreover, there is no clear rationale for using this medication as opposed to supported alternatives. Furthermore, the present request failed to specify the quantity to be dispensed. Therefore, the request for Medrox topical patch is not medically necessary.

Cidaflex: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine and Chondroitin Sulfate Page(s): 50.

Decision rationale: Cidaflex is a brand name for chondroitin and glucosamine. As stated in the CA MTUS guidelines, glucosamine and chondroitin sulfate is recommended as an option given its low risk in patients with moderate arthritis pain especially for knee osteoarthritis. In this case, the medical records show that the patient has been on Cidaflex since May 2013. The patient was diagnosed with right knee internal derangement, and lateral and medial meniscal tear. However, the medical records provided did not have any documentation of knee osteoarthritis for which Cidaflex is recommended. In addition, the request did not quantify the number of medication to be dispensed. Therefore, the request for Cidaflex is not medically necessary.

Nucynta 75mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Tapentadol (Nucynta).

Decision rationale: As stated in the CA MTUS guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief (analgesia), side effects (adverse side effects), physical and psychosocial functioning (activities of daily living) and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. Furthermore, the Official Disability Guidelines (ODG) Pain Chapter states that tapentadol (Nucynta) is recommended as second line therapy for patients who develop intolerable adverse effects with first line opioids such as, constipation, nausea, or vomiting. In this case, the patient has been taking Nucynta since May 2013. There was no documentation regarding intolerable side effects with first line opioids. Moreover, specific measures of analgesia and functional improvements such as improvements in activities of daily living were not documented. Urine drug screens were also reported to be inconsistent. The MTUS guidelines require clear and concise documentation for ongoing management. The guidelines

criteria were not met. Furthermore, the present request failed to specify the quantity to be dispensed. Therefore, the request for Nucynta 75mg is not medically necessary.