

Case Number:	CM13-0025527		
Date Assigned:	10/09/2013	Date of Injury:	08/18/2000
Decision Date:	01/07/2015	UR Denial Date:	08/09/2013
Priority:	Standard	Application Received:	08/28/2013

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 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 71-year-old male who experienced an industrial injury on 08/18/00. The mechanism of injury or body part(s) affected were not noted. The physician did note the diagnoses were consistent with the patient's injury of 08/18/00 causing neck pain, mid back pain, headaches and and dizziness. The complaints involving the wrists, hands, elbows, and shoulders were due to continuous trauma to 08/18/00. The mid-back and neck pain were made worse by the continuous trauma to 08/18/00. There were numerous physician follow-up reports available for review with the most recent follow-up examination being 07/17/13. The worker's complaints at this time were neck pain with radiation to the upper extremities; mid back pain, greater on the left than the right; bilateral shoulder pain, headaches; bilateral hand numbness and tingling; anxiety due to continued pain; and difficulty sleeping due to pain but was currently stable. Upon the physician's physical examination, there was slight spasm of the paralumbar muscles, range of motion was decreased, Spurling's Sign was mildly positive to the right with scapular pain. There was mild tenderness and spasm from T1-T7 and mild tenderness to the posterior upper shoulder region. Bilateral shoulder flexion and abduction was 140 degrees/180 degrees. Bilateral wrists and hand inspection showed well-healed prior surgical release over the volar wrist, Tinel's test and Phalen's sign were negative bilaterally. Diagnoses included cervical strain status post cervical fusion with residual cervical pain; thoracic strain; post traumatic headaches and dizziness; overuse syndrome with bilateral carpal tunnel syndrome, status post bilaterall carpal tunnel release with continued bilateral hand and wrist tendinitis and bilateral lateral epicondylitis and bilateral shoulder pain; secondary anxiety due to chronic pain. The physician noted all complaints were related to the continuous trauma dating to 08/18/00. Patient remained permanent and stationary with open future care. Treatment recommendations included Nucynta 50 mg one to two tablets three times per day for breakthrough pain; continue Norco 10/325 mg

one table four times per day as needed to control pain; continue Soma 350 mg one tablet twice per day as needed for muscle spasm; continue Medrox topical ointment to be applied up to three times per day as needed to affected areas to decrease pain; continue Xanax 0.5 mg twice per day as needed for anxiety due to chronic pain; continue Restoril 15 mg at bedtime when having difficulty falling asleep due to pain; continue Intermezzo 3.5 dose because he wakes up at night due to pain; and continue home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF NUCYNTA 50MG ONE TO TWO TABLETS TID #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Appendix A. ODG Workers' Compensation Drug Formulary, Nucynta 50 mg, per ODG website

Decision rationale: Nucynta is recommended as second line therapy for patients who develop intolerable adverse effects with first line opioids. These recent large RCTs concluded that tapentadol was efficacious and provided efficacy that was similar to oxycodone for the management of chronic osteoarthritis knee and low back pain, with a superior gastrointestinal tolerability profile and fewer treatment discontinuations. The request is not reasonable as there is no documentation that there has been failure of first line opiates.

PRESCRIPTION OF SOMA 350MG 1 BID #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CARISOPRODOL (SOMA) Page(s): 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 29, 65, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Appendix A. ODG Workers' Compensation Drug Formulary, Soma 350 mg, per ODG website

Decision rationale: The California Chronic Pain Medical Treatment Guidelines discuss the recommendations for the use of muscle relaxants, such as Soma. These guidelines indicate that muscle relaxants, such as Soma, are recommended for short-term use and most guidelines limit use to 4 weeks. The guidelines also indicate that side effects, including drowsiness, psychological and physical dependence. Additionally, at the highest levels of barbiturate tolerance, the patient is at risk of delirium, seizures, or even death. The request is not reasonable given the lack of evidence based guideline support for long term use with this medication.

PRESCRIPTION OF MEDROX TOPICAL OINTMENT TID 360ML: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 105, 112-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 29, 60-61, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Appendix A. ODG Workers' Compensation Drug Formulary, Medrox Topical Ointment, per ODG website

Decision rationale: Medrox patches are a proprietary topical composed of active ingredients including methyl salicylate 5%, capsaicin 0.0375%, and menthol 5%. Guidelines cited below state that for a topical drug to be recommended an evaluation of each active ingredient must find each is indicated and supported. Guidelines state that if any one ingredient is found not to be indicated or supported then the entire compound product is not supported, The only approved concentration of topical capsaicin is 0.025% as increasing the concentration has not been found to improve efficacy. The requested medication exceeds suggested amounts of capsaicin. Based on the concentration of capsaicin in Medrox patches, and lack of support of evidence based guidelines, the request for Medrox is not reasonable.