

Case Number:	CM13-0060146		
Date Assigned:	12/30/2013	Date of Injury:	08/18/2000
Decision Date:	12/10/2015	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	12/03/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Oklahoma

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 70-year-old male who reported an injury on 08/18/2000. The mechanism of injury was not provided in the medical records for review. The injured worker's medication history included Norco, Nucynta, and Soma, Restoril, Xanax, Medrox topical ointment and Intermezzo for pain at night as of 2012. The documentation of 10/21/2013 revealed that the injured worker's condition had remained unchanged, and pain was an 8/10. It was indicated that the injured worker had tingling in his hands. The complaints included 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. The diagnoses included a cervical strain status post cervical fusion with residual cervical pain, thoracic strain, post-traumatic headaches and dizziness, overuse syndrome with bilateral carpal tunnel and secondary anxiety due to chronic pain. The recommendation was for medication refills, including Nucynta 50 mg Norco 10/325, Soma 350 mg, Medrox topical ointment, Xanax 0.5 mg, Restoril 15 mg at bedtime and Intermezzo 3.5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 50mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain; Ongoing management Page(s): 60; 78.

Decision rationale: The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain and documentation that the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated that the injured worker had been utilizing the medication since 2012. There was a lack of documentation of objective functional improvement, an objective decrease in pain and documentation that the injured worker was being monitored for aberrant drug behavior and side effects. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Nucynta 50 mg #60 is not medically necessary.

Medrox topical ointment: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylate; Topical Analgesic; Topical Capsaicin Page(s): 105; 111; 28.

Decision rationale: The California MTUS Guidelines indicate that topical analgesics are largely experimental and are in use with few randomized controlled trials to determine efficacy or safety. They are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Capsaicin is recommended as an option in patients who have not responded to or are intolerant to other treatments. There have been no studies of a 0.0375% formulation of capsaicin, and there is no current indication that an increase over a 0.025% formulation would provide further efficacy. Additionally, it indicates that topical salicylates are approved for chronic pain. According to the Medrox package insert, Medrox is a topical analgesic containing menthol 5% and 0.0375% of Capsaicin and is indicated for the temporary relief of minor aches and muscle pains associated with arthritis, simple backache, strains, muscle soreness and stiffness. The California MTUS Guidelines indicate that any compounded product that contains at least 1 drug that is not recommended is not recommended. Capsaicin is not recommended, and Medrox is being used for chronic pain. The request as submitted failed to indicate the frequency, quantity and strength for the requested product. Given the above, the request for Medrox topical ointment is not medically necessary.