

<b>Case Number:</b>	CM14-0057570		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	06/02/2008
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	04/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2014

### 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. 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 47-year-old female, who sustained an industrial injury on 6/2/08. She has reported neck injury. The diagnoses have included neck pain, cervical degenerative disc disease, cervical spondylosis without myelopathy, brachial neuritis or radiculitis, cervical radiculitis, bilateral carpal tunnel syndrome, myalgia, chronic pain syndrome, cervical fusion at C5-6 in 2009 with redo 2010 and depressive disorder. Treatment to date has included cervical spine surgery, oral medications, topical medications, psychiatric consults and physical therapy. Currently, the injured worker complains of aching, burning, stabbing type of pain in left neck, left trapezial area and left intrascapular area and now similar pain on right side. Physical exam dated 2/14/14 noted decreased cervical spine range of motion in all planes secondary to pain with tenderness to palpation of her left cervical paraspinals and left trapezial without spasm. On 4/25/14 Utilization Review non-certified Nucynta ER 150mg #60, #30 recommended for weaning purposes; Nucynta IR 25mg #90, noting no documentation of a maintained increase in function with use of this medication; Soma 350mg #90, noting it is not recommended for long term use, modified to #45 for weaning purposes and CMPD Flurbiprofen, Cyclobenzaprine, Baclofen and lidocaine, noting the lack of documentation to support the use of many of these agents. The MTUS, ACOEM Guidelines, was cited. On 4/28/14, the injured worker submitted an application for IMR for review of Nucynta ER 150mg 360, Nucynta IR 25mg #90, Soma 350mg #90 and CMPD Flurbiprofen, Cyclobenzaprine, Baclofen and lidocaine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nucynta ER 150 mg, QTY: 60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

**Decision rationale:** This 47 year old female has complained of neck pain since date of injury 6/2/08. She has been treated with cervical spine surgery, physical therapy and medications to include opioids since at least 03/2014. The current request is for Nucynta ER 150 mg. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Nucynta ER 150 mg is not indicated as medically necessary.

**Nucynta IR 25 gm QTY: 90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

**Decision rationale:** This 47 year old female has complained of neck pain since date of injury 6/2/08. She has been treated with cervical spine surgery, physical therapy and medications to include opioids since at least 03/2014. The current request is for Nucynta IR 25 mg. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Nucynta IR 25 mg is not indicated as medically necessary.

**Soma 350 mg, QTY: 90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 29.

**Decision rationale:** This 47 year old female has complained of neck pain since date of injury 6/2/08. She has been treated with cervical spine surgery, physical therapy and medications to include Soma since at least 03/2014. The current request is for Soma. Per the MTUS guideline cited above, Carisoprodol, a muscle relaxant, is not recommended, and if used, should be used only on a short term basis (4 weeks or less). On the basis of the MTUS guidelines and available medical documentation, Carisoprodol is not indicated as medically necessary.

**CMPD (Flurbiprofen, Cyclobenzaprine, Baclofen & Lidocaine):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** This 47 year old female has complained of neck pain since date of injury 6/2/08. She has been treated with cervical spine surgery, physical therapy and medications. The current request is for CMPD (Flurbiprofen, Cyclobenzaprine, Baclofen & Lidocaine). Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, CMPD (Flurbiprofen, Cyclobenzaprine, Baclofen & Lidocaine) is not indicated as medically necessary.