

Case Number:	CM15-0109147		
Date Assigned:	06/16/2015	Date of Injury:	06/20/2011
Decision Date:	07/14/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	06/05/2015

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: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 35 year old male, who sustained an industrial injury on 6/20/2011. The mechanism of injury is unknown. The injured worker was diagnosed as having shoulder joint pain, lumbar disc displacement without myelopathy and neck sprain/strain. There is no record of a recent diagnostic study. Treatment to date has included pool therapy, physical therapy, injections and medication management. In a progress note dated 4/29/2015, the injured worker complains of low back pain with muscle spasm and radiation to the bilateral lower extremities, right shoulder pain and depression. Physical examination showed lumbar spasm and guarding. The treating physician is requesting Nucynta 50 mg one tablet twice daily as needed #60, Diclofenac Sodium 1.5% 60 gram-apply to affected area three times daily and Topiramate-Topamax 25mg-1 tab twice daily-# 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 50mg tab SIG: 1 tab BID PRN #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section; Opiates, Nucynta.

Decision rationale: Pursuant to the Official Disability Guidelines, Nucynta 50mg one tablet BID PRN #60 is not medically necessary. Nucynta is recommended only as a second line therapy for patients who develop intolerable adverse effects with first line opiates. See the guidelines for additional details. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are pain in joint shoulder; lumbar disc displacement without myelopathy; and sprain strain of neck. The documentation from December 24, 2014 shows the injured worker was taking Nucynta 50 mg TID, Topiramate 25 mg, Cyclobenzaprine 7.5 mg and Wellbutrin. Subjectively, according to December 24, 2014 progress note, the injured worker complains of low back pain, right shoulder pain and depression. The worker received injections, physical therapy, aquatic therapy and a psychology evaluation for a spinal cord stimulator. On February 24, 2015, progress note documentation indicates the treating provider reduced Nucynta from tid to bid. The most recent progress note dated April 29, 2015 (coincides with the request for authorization May 1, 2015). A review of the medical record does not show first line opiate treatment in the medical record. Nucynta is recommended only as a second line therapy for patients who develop intolerable adverse effects with first line opiates. There is no documentation of intolerable adverse effects with any opiate analgesics in the medical record. Consequently, absent clinical documentation with first-line opiate treatment and documentation of intolerable adverse effects with first-line opiates, Nucynta 50mg one tablet BID PRN #60 is not medically necessary.

Diclofenac Sodium 1.5% 60 grm SIG: Apply to affected area TID: Upheld

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

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 section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Diclofenac Sodium 1.5% 60 grm SIG: Apply to affected area three times per day is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is

not recommended. The only available FDA approved topical analgesic is Diclofenac. However, Diclofenac gel is indicated for relief of osteoarthritis pain in the joint that lends itself to topical treatment (ankle, elbow, foot, hand, knee and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. In this case, the injured worker's working diagnoses are pain in joint shoulder; lumbar disc displacement without myelopathy; and sprain strain of neck. The documentation from December 24, 2014 shows the injured worker was taking Nucynta 50 mg TID, Topiramate 25 mg, Cyclobenzaprine 7.5 mg and Wellbutrin. Subjectively, according to December 24, 2014 progress note, the injured worker complains of low back pain, right shoulder pain and depression. The worker received injections, physical therapy, aquatic therapy and a psychology evaluation for a spinal cord stimulator. On February 24, 2015, progress note documentation indicates the treating provider reduced Nucynta from tid to bid. The most recent progress note dated April 29, 2015 (coincides with the request for authorization May 1, 2015). Diclofenac gel is indicated for relief of osteoarthritis pain in a joint that lends itself to topical treatment (ankle, elbow, foot, hand, knee and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. Documentation does not contain evidence of osteoarthritis pain. Additionally, the area to be treated is not documented in the medical record. Consequently, absent clinical documentation with the clinical indication and rationale for Diclofenac gel and anatomical region(s) to be treated, Diclofenac Sodium 1.5% 60 grm SIG: Apply to affected area three times per day is not medically necessary.

Topiramate-Topamax 25mg SIG: 1 tab BID # 60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topamax.

Decision rationale: Pursuant to the Official Disability Guidelines, Topiramate-Topamax 25mg one PO bid #60 is not medically necessary. Topamax is an antiepileptic drug recommended for neuropathic pain, but not somatic pain. Topamax has been shown to have variable efficacy with failure to demonstrate efficacy in neuropathic pain of a central ideology. It is still considered for use of neuropathic pain when other anticonvulsants failed. In this case, the injured worker's working diagnoses are pain in joint shoulder; lumbar disc displacement without myelopathy; and sprain strain of neck. The documentation from December 24, 2014 shows the injured worker was taking Nucynta 50 mg TID, Topiramate 25 mg, Cyclobenzaprine 7.5 mg and Wellbutrin. Subjectively, according to December 24, 2014 progress note, the injured worker complains of low back pain, right shoulder pain and depression. The worker received injections, physical therapy, aquatic therapy and a psychology evaluation for a spinal cord stimulator. Topiramate was prescribed for treatment of neuropathic pain. According to the progress note dated April 29, 2015, objectively there were no neuropathic clinical findings documented. There was no neurological examination/evaluation in the April 29, 2015 progress note. Additionally, Topiramate was prescribed as far back as December 24, 2014. There was no documentation demonstrating objective functional improvement to support ongoing Topiramate. Consequently,

absent clinical documentation with objective functional improvement to support ongoing Topiramate, Topiramate-Topamax 25mg one PO bid #60 is not medically necessary.