

Case Number:	CM15-0016054		
Date Assigned:	02/04/2015	Date of Injury:	05/26/2009
Decision Date:	04/03/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/28/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 60-year-old female, with a reported date of injury of 05/26/2009. The diagnoses include lumbar strain, with right lumbar radiculitis, cervical strain with cervical radiculitis, thoracic strain, bilateral shoulder pain, and cervicogenic muscle contraction headaches. Treatments have included oral medications, topical pain medications, chiropractic treatment, massage therapy, epidural steroid injections in the cervical and lumbar spine, an MRI of the lumbar spine, an MRI of the cervical spine, and physical therapy. The progress report dated 12/05/2014 indicates that the injured worker's symptoms overall remained the same. She continued taking the Nucynta and Robaxin, without good relief; however, she stated that the Flector patches were no longer being authorized. The injured worker had been having increased pain in the neck, upper back, and shoulders. She complained of low back pain, right leg numbness, neck pain with radiation to the left scapular area, upper and mid-back pain with occasional burning sensation, bilateral shoulder and scapular pain, and headaches. The treating physician requested Nucynta 50mg #100 for pain control, EnovaRx, Robaxin 500mg #60 for muscle spasm, and a muscle stimulator which has been very helpful, and to allow for a reduction in the use of pain medication. On 12/29/2014, Utilization Review (UR) denied the request for Nucynta 50mg #100, EnovaRx, Robaxin 500mg #60, and a muscle stimulator. The UR physician noted that there was no indication that first line medications have failed, no indication of which specific Enova RX product is being requested, no evidence of improvement and benefit from Robaxin, and no intervention trials suggesting benefit from neuromuscular electrical

stimulation (NMES) for chronic pain. The MTUS Chronic Pain Guidelines and the non-MTUS Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Muscle stimulator: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices) Page(s): 120.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Neck and Upper Back (Acute & Chronic) Chapter under Electrical muscle stimulation (EMS).

Decision rationale: Based on the 12/05/14 progress report provided by treating physician, the patient presents with neck, back and bilateral shoulder pain. The request is for MUSCLE STIMULATOR. Patient's diagnosis on 12/05/14 included lumbar, cervical and thoracic strain; bilateral shoulder pain and cervicogenic muscle contraction headaches. Patient's medications include Nucynta and Robaxin, which were included in treater reports dated 08/29/14 and 12/05/14. Per progress report dated 08/29/14, the patient last worked in April 2010, and per treater report dated 12/05/14, the patient has permanent restrictions to work light duty. ODG-TWC, Neck and Upper Back (Acute & Chronic) Chapter under Electrical muscle stimulation (EMS) states: "Not recommended. The current evidence on EMS is either lacking, limited, or conflicting. There is limited evidence of no benefit from electric muscle stimulation compared to a sham control for pain in chronic mechanical neck disorders (MND). Most characteristics of EMS are comparable to TENS. The critical difference is in the intensity, which leads to additional muscle contractions. In general, it would not be advisable to use these modalities beyond 2-3 weeks if signs of objective progress towards functional restoration are not demonstrated. (Kjellman, 1999)" Per progress report dated 12/05/14, treater states "the muscle stimulator has been helpful and the patient will continue to use it. It has allowed her to reduce the use of pain medication. She received it on a lien basis but please authorize it on an industrial basis." The patient continues with pain to the neck, back and shoulders. Treater has not discussed what part of the body has been treated with the muscle stimulator. There is no documented objective progress towards functional restoration and no discussion of efficacy other than a general statement that the "muscle stimulator has been helpful." Furthermore, guidelines do not recommend electrical muscle stimulation (EMS) for chronic pain. Given lack of guideline support for this modality, the request IS NOT medically necessary.

Nucynta 50mg, #100, four (4) times per day, as needed: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Nucynta.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: Based on the 12/05/14 progress report provided by treating physician, the patient presents with neck, back and bilateral shoulder pain. The request is for NUCYNTA 50MG, #100 FOUR (4) TIMES PER DAY, AS NEEDED. Patient's diagnosis on 12/05/14 included lumbar, cervical and thoracic strain; bilateral shoulder pain and cervicogenic muscle contraction headaches. Patient's medications include Nucynta and Robaxin, which were included in treater reports dated 08/29/14 and 12/05/14. Per progress report dated 08/29/14, the patient last worked in April 2010, and per treater report dated 12/05/14, the patient has permanent restrictions to work light duty. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Patient has been taking Nucynta at least from treater report dated 08/29/14. In this case, treater has not stated how Nucynta reduces pain and significantly improves patient's activities of daily living. There are no pain scales or validated instruments addressing analgesia. There are no specific discussions regarding aberrant behavior, adverse reactions, ADL's, etc. No opioid pain agreement or CURES reports. No return to work, or change in work status, either. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.

EnovaRX: 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.

Decision rationale: This patient presents with chronic neck, lower back and bilateral shoulder pain. The current request is for ENOVARX. EnovaRX is a compound topical cream that includes 10% ibuprofen in microderm base. MTUS has the following regarding topical creams (p111, chronic pain section): Topical Analgesics: Recommended as an option as indicated below. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The MTUS Guidelines page 111 allow for the use of topical NSAID for peripheral joint arthritis and tendinitis. In this case, the patient does not meet the indication for this medication as she suffers from low back, neck and shoulder pain, which are not consider peripheral arthritis. The requested Enovarx IS NOT medically necessary.

Robaxin 500mg, #60, two (2) times per day as needed: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: Based on the 12/05/14 progress report provided by treating physician, the patient presents with neck, back and bilateral shoulder pain. The request is for ROBAXIN 500MG #60 TWO (2) TIMES PER DAY AS NEEDED. Patient's diagnosis on 12/05/14 included lumbar, cervical and thoracic strain; bilateral shoulder pain and cervicogenic muscle contraction headaches. Patient's medications include Nucynta and Robaxin, which were included in treater reports dated 08/29/14 and 12/05/14. Per progress report dated 08/29/14, the patient last worked in April 2010, and per treater report dated 12/05/14, the patient has permanent restrictions to work light duty. MTUS page 63-66 Muscle relaxants (for pain) states Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. MTUS page 63-66 under ANTISPASMODICS for Methocarbamol (Robaxin,, Relaxin), generic available) states: The mechanism of action is unknown, but appears to be related to central nervous system depressant effects with related sedative properties. Patient has been taking Methocarbamol (Robaxin) at least from treater report dated 08/29/14. MTUS guidelines recommend non-sedating muscle relaxants for short-term use. Robaxin has sedating properties, which does not appear to be in accordance with MTUS guidelines. Furthermore, the request for quantity 60 does not indicate intended short-term use of this medication. Therefore, the request IS NOT medically necessary.