MAXIMUS Federal Services

Case Number:	CM15-0136633		
Date Assigned:	07/24/2015	Date of Injury:	04/09/2012
Decision Date:	09/21/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/14/2015

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: Orthopedic Surgery

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 58-year-old female who sustained an industrial injury on 04/09/12. Initial complaints include back pain. Initial diagnoses are not available. Treatments to date include sacroiliac injection, physical therapy, and medications. Diagnostic studies include MRIs of the lumbar spine and left knee. Current complaints include low back pain with some radicular symptoms. Current diagnoses include myalgia and myositis, degenerative lumbar/lumbosacral intervertebral disc, displacement lumbar disc, lumbosacral spondylosis, muscle spasm, thoracolumbosacral neuritis/radiculitis, and lumbago. In a progress note dated 06/23/15 the treating provider reports the plan of care as medications including Nucynta ER, Nucynta IR, Celebrex, TN1 Cream, and retrial Baclofen, as well as facet workup, and continued physical therapy to the knee and lumbar spine. The requested treatments include Nucynta ER, Nucynta IR, TN1 Cream, and retrial Baclofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta extended release 100mg quantity 60 (one month): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

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

Decision rationale: CA MTUS/ACOEM is silent on Nucynta. According to ODG Pain chapter, Tapentadol (Nucynta) is recommended as a second line therapy for patients who develop interlerable adverse effects with first line opioids. In this case, the exam note from 6/23/15 does not demonstrate that the patient has developed adverse effects with first line opioid medication. Therefore, the determination is not medically necessary.

Nucynta immediate release 50mg quantity 60 (one month): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

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

Decision rationale: CA MTUS/ACOEM is silent on Nucynta. According to ODG Pain chapter, Tapentadol (Nucynta) is recommended as a second line therapy for patients who develop interlerable adverse effects with first line opioids. In this case, the exam note from 6/23/15 does not demonstrate that the patient has developed adverse effects with first line opioid medication. Therefore, the determination is not medically necessary.

TN1 cream, one month: 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): 111-112.

Decision rationale: Per the CA MTUS regarding topical analgesics, Chronic Pain Medical Treatment Guidelines, Topical analgesics, page 111-112 "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Therefore, the determination is not medically necessary.

Re-Trial Baclofen 10mg quantity 60 (one month): 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 Baclofen Page(s): 63-64.

Decision rationale: CA MTUS/Chronic Pain Treatment Guidelines, pages 63-64 states that Baclofen is classified as a muscle relaxant. MTUS 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. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement." Additionally, MTUS states "Baclofen (Lioresal, generic available): The mechanism of action is blockade of the pre- and post-synaptic GABAB receptors. It is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. Baclofen has been noted to have benefits for treating lancinating, paroxysmal neuropathic pain (trigeminal neuralgia, non-FDA approved). (ICSI, 2007)." The treating physician has not provided documentation of muscle spasms related to multiple sclerosis or spinal cord injuries. Additionally, the treating physician has not provided documentation of trials and failures of first line therapies per the exam note of 6/23/15. Therefore, determination is not medically necessary.