

Case Number:	CM15-0145204		
Date Assigned:	08/06/2015	Date of Injury:	02/14/2013
Decision Date:	09/08/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	07/27/2015

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: Emergency 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 61 year old female, who sustained an industrial injury on 2-14-2013. The mechanism of injury was a twisting injury. The injured worker was diagnosed as having lumbar degenerative disc disease at lumbar 5-sacral 1 with facet arthropathy and osteoarthritis with hip pinning in 2013. There is no record of a recent diagnostic study. Treatment to date has included anterior cervical discectomy and fusion, physical therapy and medication management. In a progress note dated 6-23-2015, the injured worker complains of neck, low back and right hip pain. Physical examination showed decreased cervical range of motion and tenderness in the cervical, lumbar, bilateral upper trapezius and gluteus region. The treating physician is requesting Nucynta ER 200 mg twice daily #60 and Flurbiprofen 20 % cream #240 grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta ER (extended release) 200mg twice a day, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for us. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter - Tapentadol (Nucynta).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Tapentadol (Nucynta).

Decision rationale: The request is for Nucynta, the trade name for tapentadol, which is an opioid used for the treatment moderate to severe pain, as well as nerve pain caused by diabetes. The chronic use of opioids requires the ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The MTUS guidelines support the chronic use of opioids if the injured worker has returned to work and there is a clear overall improvement in pain and function. The treating physician should consider consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Consider a psychiatric consult if there is evidence of depression, anxiety or irritability. Consider an addiction medicine consult if there is evidence of substance misuse. Opioids appear to be efficacious for the treatment of low back pain, but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. The documentation provided suggests the injured worker receives relief with Norco (hydrocodone/acetaminophen), but the relief does not last. The Official Disability Guidelines suggest tapentadol to be utilized as a second line therapy when intolerable side effects prohibit the use of first line opioids. The documentation provided suggests the injured worker may benefit from a longer acting opioid. The request for a second line option does not appear to be supported by the MTUS or Official Disability Guidelines. Therefore, the request as written is not medically necessary.

Flurbiprofen 20% cream, #240gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: The request is for flurbiprofen 20% cream, which is a topical formulation applied to the skin. Topical analgesics are recommended as an option in specific situations. Largely experimental in use with few randomized controlled trials to determine

efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anti-convulsants have failed. Many agents are compounded as mono-therapy or in combination for pain control. 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. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Per the records available for review, it appears the injured worker suffers from neck and low back pain. Evidence is lacking to suggest a medical benefit from topical NSAIDs applied to the spine. The request is not supported by the MTUS and is therefore not medically necessary.