

Case Number:	CM15-0182669		
Date Assigned:	09/23/2015	Date of Injury:	07/02/2012
Decision Date:	10/29/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/16/2015

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: Preventive Medicine, Occupational 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 48-year-old female who sustained an industrial injury on July 2, 2012. Diagnoses have included left shoulder sprain, and left shoulder tendonitis and bursitis referenced through a shoulder x-ray performed on 9-28-2012. A cervical MRI dated 3-21-2-14 is stated as showing "early degenerative disc disease changes." Documented treatment includes trigger point injections of the superior trapezius muscles in 2013; daily use of a TENS unit stated to help "reduce pain to 5 out of 10"; home exercise including use of bands; medication including Flector patch, Cymbalta, Ibuprofen, Nucynta stated to help her "function and move more freely," and Lidocaine patches which the physician notes "helps reduce left shoulder pain." Medication is noted to overall reduce pain levels from 8 out of 10 to 5 out of 10, and help increase range of motion, strength and flexibility. Hydrocodone and Ultram were discontinued in the past due to stated ineffectiveness, and Percocet is noted to have caused dizziness. The injured worker continues to present with neck and left shoulder pain. The 8-13-2015 examination revealed cervical spine range of motion restricted with pain; tenderness over the trapezius muscles; and, left shoulder restricted movements. Range of motion exam showed active forward flexion at 70 degrees with passive being 130 degrees with pain; active abduction was 60 degrees and passive 110 with pain; Internal rotation 20; and, external rotation 60. Positive impingement sign was also noted. The physician noted there was no AC joint tenderness but there was tenderness at acromioclavicular joint and positive Hawkins test. The treating physician's plan of care includes Nucynta 50 mg. 120 counts, which was denied on 8-31-2015, and 30 Lidocaine 5 percent patches

were requested but modified to 10. The injured worker is permanent and stationary and has not been working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 50mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: MTUS guidelines do not address the use of Nucynta. Per the ODG, Nucynta is recommended only as second line therapy for patients who develop intolerable adverse effects with first line opioids. Three large RCTs concluded that tapentadol was efficacious and provided efficacy that was similar to oxycodone for the management of chronic osteoarthritis knee and low back pain, with a superior gastrointestinal tolerability profile and fewer treatment discontinuations. In this case, there is no indication that the injured worker has intolerable adverse effects with first-line opioids other than reported dizziness from the use of Percocet, therefore, the request for Nucynta 50mg #120 is determined to not be medically necessary.

Lidocaine 5% patches (700 mg patch) #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch), Topical Analgesics.

Decision rationale: Topical lidocaine is used primarily for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The FDA for neuropathic pain has designated topical lidocaine, in the formulation of a dermal patch (Lidoderm) for orphan status. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Non-dermal patch formulations are generally indicated as local anesthetics and anti-pruritics. In this case, per the available documentation, the injured worker has had a failure with the trial of antidepressants/anticonvulsants. However, per the documentation, she has had a trial with lidocaine patches with no documentation of its efficacy, therefore, the request for Lidocaine 5% patches (700 mg patch) #30 is determined to not be medically necessary.