

Case Number:	CM15-0184429		
Date Assigned:	09/24/2015	Date of Injury:	08/31/2000
Decision Date:	11/10/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	09/18/2015

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 50 year old female, who sustained an industrial injury on 8-31-2000. The medical records indicate that the injured worker is undergoing treatment for lumbar radiculopathy, knee pain, and pain in lower leg joint; status post medial and lateral meniscectomy. According to the progress report dated 9-4-2015, the injured worker presented with complaints of continuous pain symptoms. She notes that they are alleviated somewhat by her current meds. On a subjective pain scale, she rates her pain 5 out of 10 with medications and 8 out of 10 without. The physical examination of the left hip reveals restricted and painful range of motion, tenderness to palpation over the groin, and positive Faber test. Examination of the bilateral knees reveals tenderness to palpation. There is limited range of motion secondary to pain. Examination of the lumbar spine reveals antalgic gait, tenderness to palpation over the bilateral paravertebral muscles, restricted and painful range of motion, and negative lumbar facet loading. Per notes, she is stable and has improved quality of life with increased capability for daily activities with medication regimen. With the medications, she can perform household tasks including cooking, cleaning, and self-care. This is a functional improvement over baseline without medications. The current medications are Topamax, Pennsaid solution, Nucynta, Protonix, and Linzess. There is documentation of ongoing treatment with Topamax, Pennsaid solution, and Nucynta since at least 3-13-2015. Previous diagnostic studies include X-rays and MRI studies. Treatments to date include medication management, 24 physical therapy sessions, home exercise program, unloader brace, left knee injection (temporarily helped), and surgical intervention. Work status is described as permanents and stationary. The original utilization

review (9-14-2015) partially approved a request for Nucynta #45 (original request was for #90). The request for Topamax and Pennsaid 1.5% solution was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

One bottle of Pennsaid 1.5% solution: 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): Topical Analgesics.

Decision rationale: Based on the 06/19/15 progress report provided by treating physician, the patient presents with pain to lower back, left hip and bilateral knees. The patient is status post left knee meniscectomy on 11/08/12. The request is for one bottle of pennsaid 1.5% solution. RFA with the request not provided. Patient's diagnosis on 07/17/15 includes lumbar radiculopathy, knee pain and pain in joint lower leg. The patient has a slowed antalgic gait. Physical examination of the left hip on 07/17/15 revealed restricted and painful range of motion, tenderness to palpation over the groin, and positive Faber test. Examination of the bilateral knees revealed tenderness to palpation, and limited range of motion secondary to pain. Examination of the lumbar spine revealed tenderness to palpation over the bilateral paravertebral muscles, and restricted and painful range of motion. Treatment to date has included surgery, imaging studies, physical therapy, home exercise program, unloader brace, left knee injection, and medications. Patient's medications include Topamax, Pennsaid solution, Nucynta, Protonix, and Linzess. The patient is permanent and stationary, per 09/04/15 report. MTUS Guidelines, Topical Analgesics section, under Non-steroidal antiinflammatory agents, page 111-112 has the following: The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. This class in general is only recommended for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). MTUS specifically states "There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder." Pennsaid has been included in patient's medications, per progress reports dated 03/20/15, 07/17/15, and 09/04/15. Treater has not provided reason for the request, nor discussed where this medication is applied and with what efficacy. MTUS guidelines indicate that topical NSAID medications are appropriate for complaints in the peripheral joints. In this case, the patient does present with knee pain for which Pennsaid would be indicated. However, the patient has been prescribed Pennsaid at least since 03/20/15, which is almost 6 months from UR date of 09/14/15, and MTUS does not recommend use of NSAIDs topicals for longer than two weeks. This request is not in accordance with guidelines. Therefore, the request IS NOT medically necessary.

Nucynta 75mg, #90: Overturned

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): Opioids, criteria for use, Opioids for chronic pain, Medications for chronic pain.

Decision rationale: Based on the 06/19/15 progress report provided by treating physician, the patient presents with pain to lower back, left hip and bilateral knees. The patient is status post left knee meniscectomy on 11/08/12. The request is for Nucynta 75MG, #90. Patient's diagnosis on 07/17/15 includes lumbar radiculopathy, knee pain and pain in joint lower leg. The patient has a slowed antalgic gait. Physical examination of the left hip on 07/17/15 revealed restricted and painful range of motion, tenderness to palpation over the groin, and positive Faber test. Examination of the bilateral knees revealed tenderness to palpation, and limited range of motion secondary to pain. Examination of the lumbar spine revealed tenderness to palpation over the bilateral paravertebral muscles, and restricted and painful range of motion. Treatment to date has included surgery, imaging studies, physical therapy, home exercise program, unloader brace, left knee injection, and medications. Patient's medications include Topamax, Pennsaid solution, Nucynta, Protonix, and Linzess. The patient is permanent and stationary, per 09/04/15 report. MTUS, Criteria for Use of Opioids Section, 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, Criteria For Use Of Opioids Section, 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. MTUS, Criteria for Use of Opioids Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, Medications for Chronic Pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." Nucynta has been included in patient's medications, per progress reports dated 03/20/15, 06/19/15, and 09/04/15. It is not known when this medication was initiated. Treater states that patient's pain is rated 5/10 with and 8/10 without medications on 09/04/15. Per 07/17/15 report, treater states, "the patient is taking medications as prescribed. She states that medications are working well. No side effects reported... This patient does not exhibit any aberrant behavior. UDS screening has been consistent. There are no red flags. The patient has functional benefit and improved quality of life. The patient has a pain contract, which is discussed regularly. The patient submits to periodic random urine drug screens... Pt is stable and has improved quality of life with increased capability for daily activities with medication regimen. With the medications, she can perform household tasks including cooking, cleaning, and self-care for 30 to 45 minutes or greater at a time. This is a functional improvement over baseline without medications. Without medications the patient cannot perform these tasks or is limited to 10 minutes or less." Provided UDS report dated 06/25/15 demonstrated consistent results. In this case, the 4A's have been addressed, adequate documentation has been provided including numeric scales and functional measures that show significant improvement. The request appears to be in accordance with guidelines. Therefore, this request IS medically necessary.

Topamax 50mg, #60 with 1 refill: Overturned

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): Antiepilepsy drugs (AEDs).

Decision rationale: Based on the 06/19/15 progress report provided by treating physician, the patient presents with pain to lower back, left hip and bilateral knees. The patient is status post left knee meniscectomy on 11/08/12. The request is for Topamax 50mg, #60 with 1 refill. Patient's diagnosis on 07/17/15 includes lumbar radiculopathy, knee pain and pain in joint lower leg. The patient has a slowed antalgic gait. Physical examination of the left hip on 07/17/15 revealed restricted and painful range of motion, tenderness to palpation over the groin, and positive Faber test. Examination of the bilateral knees revealed tenderness to palpation, and limited range of motion secondary to pain. Examination of the lumbar spine revealed tenderness to palpation over the bilateral paravertebral muscles, and restricted and painful range of motion. Treatment to date has included surgery, imaging studies, physical therapy, home exercise program, unloader brace, left knee injection, and medications. Patient's medications include Topamax, Pennsaid solution, Nucynta, Protonix, and Linzess. The patient is permanent and stationary, per 09/04/15 report. MTUS Guidelines, Antiepilepsy Drugs section, page 21 under Topiramate has the following: "Topiramate has been shown to have variable efficacy, with failure to demonstrate efficacy in neuropathic pain of 'central' etiology. It is still considered for use for neuropathic pain when other anticonvulsants have failed." MTUS Guidelines page 16 and 17 regarding antiepileptic drugs for chronic pain also states "that there is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs, and mechanisms. Most randomized controlled trials for the use of this class of medication for neuropathic pain had been directed at postherpetic neuralgia and painful polyneuropathy." Topamax has been included in patient's medications, per progress reports dated 04/13/15, 06/19/15, and 09/04/15. It is not known when this medication was initiated. Per 06/19/15 report, treater states "continue Topamax 50mg BID for [the patient's] neuropathic pain...Med not being authorized Pt is now having increased pain and can't sleep...Failed Meds: Cymbalta." Treater states that patient's pain is rated 5/10 with and 8/10 without medications on 09/04/15. Per 07/17/15 report, treater states "the patient is taking medications as prescribed. She states that medications are working well. No side effects reported...The patient has functional benefit and improved quality of life... Pt is stable and has improved quality of life with increased capability for daily activities with medication regimen. With the medications, she can perform household tasks including cooking, cleaning, and self-care for 30 to 45 minutes or greater at a time. This is a functional improvement over baseline without medications. Without medications the patient cannot perform these tasks or is limited to 10 minutes or less." In this case, treater has documented failure of Cymbalta, the patient continues with neuropathic pain, and medication efficacy has been discussed. This request appears reasonable and in accordance with guidelines. Therefore, the request IS medically necessary.