

Case Number:	CM15-0189341		
Date Assigned:	10/01/2015	Date of Injury:	01/31/2006
Decision Date:	12/10/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	09/28/2015

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: Oregon

Certification(s)/Specialty: Plastic Surgery, Hand 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 54 year old female, who sustained an industrial injury on 1-31-2006. The injured worker is being treated for cervical post laminectomy syndrome, cervical radiculitis, rotator cuff tear, adhesive capsulitis and adjustment disorder with anxiety and depression. Treatment to date has included multiple surgical interventions, medications, diagnostics, home exercise, epidural injections, immobilization and heat and ice application. Per the Primary Treating Physician's Progress Report dated 9-09-2015 the injured worker presented for reevaluation. She reported continued neck pain and spasms with pain radiating to her shoulders and down to her hands. She reports functional improvement with Nucynta ER and regular Nucynta for breakthrough pain. She reports that her neck and trapezius spasms are better controlled with Soma. Her anxiety is partially controlled with Xanax and Lunesta helps with her sleep difficulties. Her pain is rated as 3 out of 10 at rest and 8 out of 10 with activity. Objective findings of the cervical spine included tenderness and myofascial trigger points. There were restricted ranges of motion with pain at the active end of motion. Work status was not documented at this visit. The plan of care included medications. Authorization was requested for Nucynta ER 100mg #60, Carisoprodol 350mg #60, Lidocaine topical patch 5% #60 and Nucynta 75mg #120. On 9-16-2015, Utilization Review non-certified the request for Nucynta ER 100mg #60, Carisoprodol 350mg #60, Lidocaine topical patch 5% #60 and Nucynta 75mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta ER 100mg #60, per 09/09/2015 order: 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 (updated 09/08/15) Online Version.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment.

Decision rationale: Per ACOEM, Initial Approaches to Treatment, page 47 and 48, OPIOIDS: Opioids appear to be no more effective than safer analgesics for managing most musculoskeletal and eye symptoms; they should be used only if needed for severe pain and only for a short time. Opioids cause significant side effects, which the clinician should describe to the patient before prescribing them. Poor patient tolerance, constipation, drowsiness, clouded judgment, memory loss, and potential misuse or dependence have been reported in up to 35% of patients. Patients should be informed of these potential side effects. The patient has been on chronic opiates for her pain. Although her pain is somewhat improved with opiates, she will likely develop hyperalgesia from the opiates. Doses may escalate. MTUS does not support chronic opiate therapy for her condition. The request is not medically necessary.

Carisoprodol 350mg #60, per 09/09/2015 order: 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): Muscle relaxants (for pain).

Decision rationale: Per MTUS page 63, Muscle relaxants: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP."The patient has chronic pain, but muscle relaxants are recommended only for short-term use of acute exacerbations of pain. In this case, the medication is being used chronically. The request exceeds MTUS recommendations and is not medically necessary.

Lidocaine 5% topical patch #60, per 09/09/2015 order: 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).

Decision rationale: Topical Lidocaine: Per MTUS, page 56: Lidoderm is the brand name for a lidocaine patch produced by Endo Pharmaceuticals. Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy

(tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. The request is not medically necessary. The records do not document failure of first line therapy with a tri-cyclic or an AED. The patient does not have post-herpetic neuralgia.

Nucynta 75mg #120, per 09/09/2015 order: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain (updated 09/08/15) Online Version.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment.

Decision rationale: Per ACOEM, Initial Approaches to Treatment, page 47 and 48, OPIOIDS: Opioids appear to be no more effective than safer analgesics for managing most musculoskeletal and eye symptoms; they should be used only if needed for severe pain and only for a short time. Opioids cause significant side effects, which the clinician should describe to the patient before prescribing them. Poor patient tolerance, constipation, drowsiness, clouded judgment, memory loss, and potential misuse or dependence have been reported in up to 35% of patients. Patients should be informed of these potential side effects. The patient has been on chronic opiates for her pain. Although her pain is somewhat improved with opiates, she will likely develop hyperalgesia from the opiates. Doses may escalate. MTUS does not support chronic opiate therapy for her condition. The request is not medically necessary.