

<b>Case Number:</b>	CM15-0189727		
<b>Date Assigned:</b>	10/01/2015	<b>Date of Injury:</b>	10/25/2007
<b>Decision Date:</b>	12/10/2015	<b>UR Denial Date:</b>	09/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### 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 56 year old female, who sustained an industrial injury on 10-25-2007. The injured worker was diagnosed as having cervical intervertebral disc degeneration, spasm of muscle, cervical postlaminectomy syndrome, unspecified myalgia and myositis, and cervical spinal stenosis. Treatment to date has included diagnostics, cervical spinal surgery, and medications. Currently (9-14-2015), the injured worker complains of chronic cervical pain, right arm pain, and right greater than left neck pain-headache from the back of head. She reported "increased generalized body pain", "right hip bursitis bothering her today", "ambulating has been difficult", and "headaches have decreased in frequency". She reported medications working well and poor sleep quality due to pain. Average pain was rated 6 out of 10 (unchanged from 7-15-2015 and 5-11-2015) and functional level was rated 7 out of 10 (5 out of 10 on 7-15-2015 and 7 out of 10 on 5-11-2015). Current medications included Celebrex, Lidoderm patch (use since at least 3-2015), Nexium, Norco, Nucynta ER (use since at least 3-2015), Relpax, Voltaren gel (use since at least 3-2015), and Zanaflex (use since at least 3-2015). She was not working. A review of symptoms noted "denied new nausea, vomiting due to pain, denies diarrhea or constipation". On exam, she continued to have pain in her neck, with left greater than right occiput pain-tenderness, decreased cervical range of motion and crepitus with movement, cervicogenic to migrainous headaches, and "no new neurological deficits noted today". Tried-failed medications noted Motrin 800mg. Allergies noted that codeine sulfate caused difficulty breathing. Urine toxicology (5-11-2015) was documented as consistent. Per the Request for Authorization dated 9-16-2015, the treatment plan included Nucynta ER 50mg (1 every 12 hours

as needed baseline pain) #60, Lidoderm patch #30, Voltaren gel (1 tube), and Zanaflex 4mg (2 tabs at bedtime) #60. On 9-22-2015 Utilization Review non-certified the requested medications.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Nucyntal ER 50mg, 1 po q12hrs pm baseline pain; with no refills, QTY: 60.00: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers Compensation, 7th Edition, 2009, Pain Chapter, Tapentadol (Nucynta).

**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. This patient has been on Nucyntal since at least March 2015. ACOEM does not support chronic opiate use as appropriate for pain management. The request exceeds MTUS guidelines and is not medically necessary.

**Topical Lidoderm patch; no refills requested, QTY: 30.00: 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:** Per MTUS, page 56: "Lidoderm is the brand name for a lidocaine patch produced by [REDACTED]. 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." MTUS does not recommend topical lidoderm as a first line treatment, and the records do not confirm that the patient has failed a tricyclic or gabapentin. The request is not medically necessary.

**Topical Voltaren gel, one tube with no refills: 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:** Per MTUS page 111, Non-steroidal antiinflammatory agents (NSAIDs): 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. The patient has been using topical NSAIDs since March 2015. Efficacy for this specific medication is not confirmed in the records. MTUS does not support longer-term treatment with topical NSAIDs. Therefore, the request is not medically necessary.

**Zanaflex 4mg, 2 tab po qhs with no refills, QTY: 60.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Muscle Relaxants (for pain).

**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 been on Zanaflex since March 2015. Efficacy is not documented in the records. MTUS supports only short-term treatment with this medication. The request is not medically necessary because the patient has been on this medication for longer than six months.