

<b>Case Number:</b>	CM15-0195315		
<b>Date Assigned:</b>	10/09/2015	<b>Date of Injury:</b>	06/13/2011
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/05/2015

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 45 year old, male who sustained a work related injury on 6-13-11. A review of the medical records shows he is being treated for left hand pain. Treatments have included more than 30 physical therapy sessions post-operatively, left index finger amputation, 3 injections, home exercises and medications. Current medications include Celebrex, LMX (Lidocaine) pain cream, Nucynta, Nucynta ER, Omeprazole, and Zanaflex. It is unknown how long he has been taking the Nucynta or using the Lidocaine cream. There is no documentation on the effectiveness of these medications on relieving his pain or how they improve his functional capabilities. In the progress notes, he reports increased left hand pain due to overworking. He wakes up at night due to throbbing left hand pain at night that turns to burning pain. He rates his pain level a 4 out of 10. In the objective findings dated 8-11-15, he has ongoing residual left hand-left arm pain. He has a painful area on his lower thumb base. He is currently working. The treatment plan includes refills of medications and a new order for Flector patches. The Request for Authorization dated 8-13-15 has requests for Nucynta ER, Nucynta IR, Celebrex, Linzess, Zanaflex, Lidocaine cream, and Flector patches. In the Utilization Review dated 9-22-15, the requested treatments of Oxycodone-Acetaminophen 5-325mg #30 for 2 days, Nucynta 50mg #90 for 30 days and LMX 4% cream #30 for 20 days are not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycod/APAP Tab 5-325 MG #30 for 2 Days: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids for neuropathic pain.

**Decision rationale:** Oxycodone is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Oxycodone for over a year along with Nucynta. Recent exam notes did not indicate pain score reduction levels with use of medications. There was no mention of Tylenol or weaning failure. The continued use of Oxycodone is not medically necessary.

**Nucynta Tab 50 MG 90 for 30 Days: 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 and pg 126.

**Decision rationale:** According to the MTUS guidelines, Nucynta is not indicated 1st line for mechanical or compressive etiologies. It is not a 1st line opioid for chronic pain. No one opioid is superior to another. According to the ODG guidelines, Nucynta is recommended as second line therapy for patients who develop intolerable adverse effects with first line opioids. Nucynta has the same pain-relieving benefits of OxyIR, as well as the same risks that come with any opioid, but shows a significant improvement in gastrointestinal tolerability compared with oxycodone. In this case, there was no mention of weaning or trial of alternate non-opioids. The claimant was able to tolerate Oxycodone (Percocet) for over a year. In addition, pain scores reductions were not noted to justify the Nucynta. Nucynta is not medically necessary.

**LMX 4 Cream 4 Percent #30 for 20 Days: 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:** LMX has topical Lidocaine. According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in

use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Lidocaine is 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. In this case the claimant did not have the above diagnoses. Long-term use of topical analgesics such as Lidocaine are not recommended. The claimant was on oral opioids for over a year as well as topical Flector was provided. Multiple topicals are not indicated. The request for continued and long-term use of LMZ cream as above is not medically necessary.