

Case Number:	CM15-0041299		
Date Assigned:	03/11/2015	Date of Injury:	11/27/2006
Decision Date:	04/14/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	03/04/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 49 year old male, who sustained an industrial injury on November 27, 2006. The diagnoses have included low back syndrome, degenerative disc disease lumbar, spondylosis lumbosacral, limb pain and major depression. Treatment to date has included opioids, anti-inflammatory, benzodiazepines, muscle relaxants, constipation medications, topical creams, sleep aids, anti-depressants, migraine medications, NSAIDS, epidural steroid infections, acupuncturist consult, anesthesiologist, pain physician, psychiatrist, physical therapy, psychologist, Magnetic resonance imaging, X-ray, electromyogram, nerve conduction study and blood work. Currently, the injured worker complains of back pain, right elbow, wrist and left knee pain and increasing pain levels to his left low back radiating to left leg. In a progress note dated January 20, 2015, the treating provider reports examination revealed lower back loss of lumbar lordosis, positive midline lumbar tenderness with palpation, left greater than right, Sacroiliac joint line tenderness, uses walker, decreased range of motion, right elbow revealed tenderness to palpation to later epicondyle and olecranon, positive Tinel on the right, painful range of motion, lumbar spine, decreased range of motion, and mild spasms and tenderness, cervical spine tenderness along entire cervical spine with moderate spasms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Glycolax powder 17g with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 115. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Initiating therapy Page(s): 77.

Decision rationale: Glycolax powder 17g with 1 refill is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that prophylactic treatment of constipation should be initiated while on opioids. The documentation indicates that opioids are not medically necessary therefore, the request for glycolax powder is not medically necessary.

Nucynta 100mg # 120 with 0 refills: 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 Chapter, Tapentadol (Nucynta).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic) Tapentadol (Nucynta).

Decision rationale: Nucynta 100mg # 120 with 0 refills is not medically necessary per the MTUS Guidelines and the ODG. The MTUS Chronic Pain Medical Treatment Guidelines state that: a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted reveals that the patient has been on long term opioids without significant functional improvement as defined by the MTUS therefore the request for continued use of Nucynta is not medically necessary. The ODG states that Nucynta is recommended only as second line therapy for patients who develop intolerable adverse effects with first line opioids. Prescribing of opioids for chronic pain without a very specific treatment plan based on functional improvement predictably results in patients with sustained poor function, high pain levels, dependency on opioids, and significant opioid side effects. The request for continued Nucynta is not medically necessary.

Flector Patch #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Chapter, Flector Patch (Diclofenac Epolamine).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

Decision rationale: Flector Patch #60 with 1 refill is not medically necessary per the MTUS guidelines. Flector patch is a topical patch that contains the non steroidal anti-inflammatory (NSAID) Diclofenac that is indicated for acute musculoskeletal pain only. Diclofenac (and other NSAIDS) is indicated for patients who have mild to moderate pain. The MTUS recommends topical NSAIDS in the relief of osteoarthritis pain in joints that lend themselves to topical treatment (wrist, knee, hand, foot, ankle). The guidelines state that topical diclofenac is not indicated for spine, hip or shoulder. The documentation does not indicate intolerance to oral NSAIDS. The documentation does not indicate functional improvement from prior Flector Patch use. The request for Flector patch is not medically necessary or appropriate.