

<b>Case Number:</b>	CM15-0059850		
<b>Date Assigned:</b>	04/06/2015	<b>Date of Injury:</b>	04/09/2012
<b>Decision Date:</b>	07/22/2015	<b>UR Denial Date:</b>	03/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/30/2015

### 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: New York  
Certification(s)/Specialty: Emergency 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 58 year old female who sustained an industrial injury on 04/09/12. Initial complaints and diagnoses are not available. Treatments to date include pain medications. Diagnostic studies include MRI of the lumbar spine, left knee and left hip. Current complaints include low back pain which radiates down the buttocks into the legs and feet, and left hip pain. Current diagnoses include chronic severe low back pain, degenerative disc disease and annular tear, lumbar spondylosis, myofascial pain/spasms, and left knee pain. In a progress note dated 02/26/15 the treating provider reports the plan of care as medications including Nucynta, Celebrex, Lorzone, and TN1 cream; as well as facet workup, home exercise/physical therapy, and a left L3-4 epidural injection. "The requested treatments are TN1 cream, Nucynta, Lorzone, Voltaren gel, and a epidural steroid injection at left L3-4.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TN1 Cream:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

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

**Decision rationale:** CA MTUS chronic pain guidelines, topical analgesics are "largely experimental in use with few randomized controlled trials to determine efficacy or safety." Guidelines also state "Many agents are compounded as monotherapy or in combination for pain control... There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug that is not recommended is not recommended." It is unknown what the components of TN1 cream are. It is not known what the active ingredient is. The request does not include dosing frequency or duration. The request for TN1 cream is not medically necessary.

**Nucynta ER 100mg, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-81.

**Decision rationale:** Nucynta ER is a long acting opiate medication. CA MTUS, chronic pain guidelines, offer very specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. These recommendations state that the lowest possible dose be used as well as ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects. It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications. The IW has been on this medication for a minimum of 6 months per the documentation. The included documentation fails to include the above recommended documentation. There is documentation of the IW response to this medication or functional improvement while taking this medication. In addition, the request does not include dosing frequency or duration. There is not a toxicology report included in the record. The request for opiate analgesia is not medically necessary.

**Nucynta IR 50mg, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-81.

**Decision rationale:** Nucynta ER is a long acting opiate medication. CA MTUS, chronic pain guidelines, offer very specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. These recommendations state that the lowest possible dose be used as well as ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects. It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications. The IW has been on this medication for a minimum of 6 months per the documentation. The included documentation fails to include the above recommended documentation. There is documentation of the IW response to this medication or functional improvement while taking this medication. In addition,

the request does not include dosing frequency or duration. There is not a toxicology report included in the record. The request for opiate analgesia is not medically necessary.

**Lorzone 750mg, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-65.

**Decision rationale:** Lorzone is the medication Chlorzoxazone, a muscle relaxant. The above referenced guideline states this drug works in the spinal cord and subcortical areas of the brain. CA MTUS states muscle relaxants are recommended as a "second-line option" for short-term treatment of acute exacerbation in pain in patients with chronic low back pain. Submitted documentation supports the IW has been on this medication for a minimum of 6 months. The medication has not been prescribed according to documentation. The request does not include dosing and frequency. The request for Lorzone is not medically necessary.

**Voltaren Gel:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

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

**Decision rationale:** Voltaren is a non-steroidal anti-inflammatory agent. CA MTUS guidelines state that topical NSAIDs have been shown to have efficacy in the first 2 weeks of osteoarthritis, but afterwards efficacy diminishes. Voltaren Gel is "indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee and wrist.) It has not been evaluated for treatment if spine, hip, or shoulder." The IW has ongoing neck pain. Additionally, the request does not include dosing or frequency. The request for Voltaren is not medically necessary.

**Repeat Transforaminal Epidural Injection at L3, L4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back  
Complaints Page(s): 309, Chronic Pain Treatment Guidelines Epidural steroid injections (ESI)  
Page(s): 46.

**Decision rationale:** CA MTUS chronic pain guidelines recommends epidural injections when a patient has symptoms, physical examination findings, and radiographic or electrodiagnostic evidence to support a radiculopathy. In this case, the IW previously had an injection with documented improvement of symptoms. The most recent the documentation does not support ongoing radicular pain. There are no electrodiagnostic studies included in the chart material. The most recent MRI does not demonstrate clear neural impingement. The documentation does not support functional improvement, return to work status, decrease reliance on medical evaluations or documentation of decrease medication use. The treating physician has prescribed this referral for transforaminal epidural injection. The kind of injection considered has not been described. There are many kinds of injections, many of which lack good medical evidence. The treating physician will need to provide a more specific referral to allow for an adequate demonstration of medical necessity. The ACOEM Guidelines cited above recommend against trigger point injections, ligamentous injections, and facet joint injections, for example. Other kinds of injections are addressed in other guidelines. The MTUS for chronic pain states that epidural steroid injection is only for very specific radiculopathies shown by objective means. A specific radiculopathy has not been described to date in this injured worker. There is inadequate documentation to support functional improvement nor is there documentation to support specific radiculopathy. Without this documentation, the request is therefore not medically necessary.