

Case Number:	CM15-0088607		
Date Assigned:	05/12/2015	Date of Injury:	03/10/2008
Decision Date:	06/12/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/08/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 28 old female, who sustained an industrial injury on March 10, 2008. The injured worker was diagnosed as having cervical pain and radiculopathy. Treatment and diagnostic studies to date have included medications, consultations and magnetic resonance imaging (MRI). A progress note dated April 28, 2015 provides the injured worker complains of neck pain with radiation to both arms with numbness and tingling and a headache. She rates the pain 9/10. She reports ice and narcotics help. Physical exam notes cervical tenderness, myofascial pain with triggering and spasm. There is positive Spurling's maneuver, compression testing and Valsalva. There is right shoulder impingement, full range of motion (ROM), decreased grip strength and tenderness of the trapezius area. There is thoracic tenderness and painful range of motion (ROM). The plan includes Nucynta, Diclofenac 3%, Baclofen 2%, Cyclobenzaprine 2%, and Lidocaine 2% cream, Colace, Nortriptyline, Ondansetron and Senna.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta ER 50mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid; Nucynta ER (Tapentadol).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) page 74-96.

Decision rationale: NUCYNTA (tapentadol) Tablets has the chemical name 3-[(1R, 2R)-3-(dimethylamino)-1-ethyl-2-methylpropyl] phenol monohydrochloride. Tapentadol is a mu-opioid agonist and is a Schedule II controlled substance. NUCYNTA; (tapentadol) is indicated for the relief of moderate to severe acute pain. Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. The Nucynta ER 50mg #120 is not medically necessary and appropriate.

Diclofenac 3%, Baclofen 2%, Cyclobenzaprine 2%, Lidocaine 2% #240 with 3 refills:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

Decision rationale: Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with multiple joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic to include a compounded NSAID and 2 muscle relaxants over oral formulation for this chronic injury without documented functional improvement from treatment already rendered. It is also unclear why the patient is being prescribed 2 concurrent muscle relaxants posing an increase risk profile without demonstrated extenuating circumstances and indication. Guidelines do not recommend long-term use of this muscle relaxant medications for this chronic injury without improved functional outcomes attributable to their use. The Diclofenac 3%, Baclofen 2%, Cyclobenzaprine 2%, Lidocaine 2% #240 with 3 refills is not medically necessary and appropriate.