

<b>Case Number:</b>	CM15-0237947		
<b>Date Assigned:</b>	12/15/2015	<b>Date of Injury:</b>	01/14/2008
<b>Decision Date:</b>	01/22/2016	<b>UR Denial Date:</b>	11/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/07/2015

### 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:

This 49 year old woman sustained an industrial injury on 1-14-2008. Diagnoses include cervical disc disorder with myelopathy and lumbosacral radiculopathy. Treatment has included oral medications. Physician notes dated 11-9-2015 show complaints of cervical spine pain, lumbar spine pain, and left shoulder pain. The physical examination shows "decreased" range of motion to the cervical spine with tenderness, spasms, and guarding, "decreased" range of motion is noted to the lumbar spine with spasms and tenderness, and guarding, and "decreased range of motion in the left shoulder with positive impingement sign and weakness as well as an antalgic gait. Recommendations include Nucynta, Diclofenac, Lidoderm patches, and Compatin. Utilization Review denied requests for Nucynta and Lidoderm pads on 11-30-2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nucynta 75mg #60:** 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, criteria for use.

**Decision rationale:** Nucynta 75mg #60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that a 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 reveals that the patient has been on Nucynta without significant objective evidence of increase in function, therefore the request for continued Nucynta is not medically necessary.

**Lidocaine pad 5% #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch).

**Decision rationale:** Lidocaine pad 5% #60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that 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. The documentation does not indicate objective increase in function from prior Lidocaine pad use. The documentation does not indicate a diagnosis of post herpetic neuralgia. For these reasons the request for Lidocaine pad is not medically necessary.