

Case Number:	CM14-0141558		
Date Assigned:	09/10/2014	Date of Injury:	12/31/1998
Decision Date:	10/30/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	09/02/2014

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in New Jersey and New York. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 47 year-old female who was injured on 12/31/98. She complained of lower back pain radiating to lower extremities. On exam, the patient was tender in the spinous processes from cervical to lumbar and in left gluteal region. She had 3/5 strength in her lower extremities with decreased sensation and decreased reflexes. She had decreased range of motion of her spine. A 3/2014 MRI showed mild to moderate central canal stenosis at L4-L5 due to a disc bulge, possible compression of L4 nerve root and mild central canal narrowing at L3-L4 due to minimal disc bulge. She was diagnosed with lumbago, thoracic spine pain, and lumbosacral degenerative joint disease. Her pain was poorly controlled with Nucynta and Methadone and caused nausea. Her spasms were not controlled with Neurontin. The patient had used Zanaflex and Elavil previously which had helped the pain. She was also on Butrans patch and Biofreeze for local pain. The current review is for the use of Nucynta, Neurontin, and Biofreeze.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 100mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 78-80.

Decision rationale: The request for Nucynta is not medically necessary. For chronic back pain, opioids appear "to be efficacious, but limited for short-term pain relief and long-term efficacy is unclear beyond 16 weeks, but also appears limited." According to progress notes, her pain was poorly controlled with Nucynta and caused nausea so it was discontinued. The patient has been on long-term opiate use without documented improvement in function and pain. Guidelines support the continued use when there is substantial improvement in pain and functioning or the patient has returned to work which the patient is unable to do. There is high risk of addiction with continued use. The patient continues with severe pain. The patient experienced nausea with the pain medicines. The four A's of opioid management were not met. The patient does not have documented urine drug screens in the chart. There was no drug contract and long term goals documented. The request is not medically necessary.

Neurontin 300mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti Epilepsy Page(s): 18.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic medications Page(s): 18-19.

Decision rationale: The request for Neurontin is not medically necessary. According to MTUS guidelines, there should be documentation of pain relief, improvement in function, and side effects experienced by the patient. Medical records indicate that Neurontin improved nerve pain but she continued with spasms. Improvement in function and side effects were not documented. The patient Elavil as well which is first line treatment for neuropathic pain. Combination therapy is not recommended unless there was no improvement in first line therapy which was not adequately documented. There is not enough documentation to support enough benefit of Neurontin for continued use. The request is not medically necessary.

Bio Freeze 16oz X 2: 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 analgesics Page(s): 111.

Decision rationale: The request for Biofreeze is not medically necessary. There is no documentation of why Biofreeze would be beneficial for patient. According to MTUS, the use of topical analgesics is "largely experimental in use with few randomized controlled trials to determine efficacy or safety." The active ingredient is menthol for which there are no guidelines for use. She was using Biofreeze for local pain, but the exact location is unclear. As such, the request is not medically necessary.