MAXIMUS Federal Services

Case Number:	CM14-0160868		
Date Assigned:	10/06/2014	Date of Injury:	03/07/2012
Decision Date:	11/06/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	09/30/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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:

This is a patient with a date of injury of 3/7/12. A utilization review determination dated 9/18/14 recommends non-certification of trazodone, Flexeril, Lidoderm, and Nucynta. It referenced a 8/27/14 medical report identifying pain in the neck radiating down the arms, low back pain, and left shoulder pain. Pain is 8/10 with medications and 10/10 without. On exam, the patient appeared anxious, depressed, and in moderate to severe pain. There was limited ROM, tenderness, positive lumbar facet loading on the right with tenderness over the facets, atrophy of the left shoulder, positive Hawkins' and Neer's, with weakness in various upper extremity muscles. Patient did not exhibit any adverse behavior to indicate addiction.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 50mg #90 PO TID: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain (updated 09/10/14) Tapentadol (Nucynta)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Tapentadol (Nucyntaâ¿¢)

Decision rationale: Regarding the request for Nucynta, California Pain Medical Treatment Guidelines state that Nucynta is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. ODG notes that Nucynta is recommended only as second line therapy for patients who develop intolerable adverse effects with first line opioids. Within the documentation available for review, the patient does get some minimal pain relief with the use of medications, but there is no indication that the medication is improving the patient's function (in terms of specific examples of functional improvement). Furthermore, there is no indication of intolerable adverse effects with first line opioids to support the medical necessity of Nucynta. In light of the above issues, the currently requested Nucynta is not medically necessary.

Lidoderm 3% #30 one patch QD: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

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

Decision rationale: Regarding the request for Lidoderm, CA MTUS states that topical lidocaine is "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)." Within the documentation available for review, there is no indication of localized peripheral neuropathic pain and failure of first-line therapy. In light of the above, the requested Lidoderm is non-certified.

Flexeril 10mg #30 1/2 to 1 tab HS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: Regarding the request for Flexeril, Chronic Pain Medical Treatment Guidelines support the use of nonsedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Within the documentation available for review, there is no identification of objective functional improvement as a result of the medication. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Flexeril is not medically necessary.

Trazodone 50mg #60 1-2 tabs at HS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain (updated 09/10/14) Insomnia treatment

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Insomnia treatment

Decision rationale: Regarding the request for trazodone, CA MTUS does not address the issue. ODG notes that trazodone has been used to treat insomnia, but there is is less evidence to support its use for that purpose. In general, ODG recommends that pharmacological agents only be used after careful evaluation of potential causes of sleep disturbance and short-term treatment is recommended, as failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Within the documentation available for review, there is no documentation that potential causes of sleep disturbance have been evaluated and non-pharmacological treatment such as improved sleep hygiene has failed. Furthermore, there is no indication of improvement with the use of the medication and a clear rationale for long-term use despite the recommendations of ODG. In light of the above issues, the currently requested trazodone is not medically necessary.