

Case Number:	CM14-0047277		
Date Assigned:	07/02/2014	Date of Injury:	05/06/2002
Decision Date:	08/07/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/15/2014

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 Occupational 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of May 6, 2002. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; psychotropic medications; adjuvant medications; and topical compounded drugs. In a Utilization Review Report dated March 25, 2014, the claims administrator approved a request for Gralise (Gabapentin), Celebrex, Lyrica, Prilosec, Norco, Wellbutrin, and Xanax while denying Nucynta and a topical compounded Ketoprofen / Lidocaine / Baclofen cream. The claims administrator based its denial on the fact that Nucynta was deemed an ODG formulary N drug despite the fact that California has not adopted the ODG formulary. It was not clearly stated whether the request was a first-time request or a renewal request. The applicant's attorney subsequently appealed. A March 12, 2014 progress note was notable for comments that the applicant reported 8-9/10 low back pain complaints. The applicant apparently exhausted her supply of Nucynta and Tizanidine, it was stated. The applicant was limping. The applicant stated that she felt that Nucynta was lasting for about 12 hours and the Zanaflex was sedating. The applicant reported poor sleep. The applicant had a BMI (Body Mass Index) of 30, it was noted. Multiple medications were refilled. Nucynta was increased in dosage, Norco was continued, Wellbutrin was continued, a topical compounded cream was continued, and Xanax was continued. The applicant's work status was not provided. In an earlier note of March 3, 2014, it was suggested that the applicant reported 10/10 pain and was not working. The applicant is having difficulty sleeping secondary to pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 50mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use for a therapeutic trial of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: Based on the information on file, the request in question represents a renewal request. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved function, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off of work. The applicant's pain complaints are quite high, consistently rated in the 8/10 range, despite ongoing opioid usage, including ongoing Nucynta usage. The applicant's ability to perform activities of daily living appears to be diminished, not improved, despite ongoing Nucynta usage. Therefore, the request for Nucynta 50mg is not medically necessary and appropriate.

Keto / Lido / Baclo / Cyclo: 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): 112-113.

Decision rationale: As noted on pages 112 and 113 of the MTUS Chronic Pain Medical Treatment Guidelines, several ingredients in the compound, including Ketoprofen, Baclofen, and Cyclobenzaprine, are all deemed not recommended for topical compound formulation purposes. Since one or more ingredients in the compound is not recommended, the entire compound is considered not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that the applicant's ongoing usage of multiple first-line oral pharmaceuticals, including Norco, Nucynta and Wellbutrin, effectively obviates the need for the compound in question. Therefore, the request for Keto / Lido / Baclo / Cyclo is not medically necessary and appropriate.