

Case Number:	CM14-0097238		
Date Assigned:	07/28/2014	Date of Injury:	07/22/2002
Decision Date:	10/08/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/25/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida and Texas. 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 patient is a 63 year old who was injured on 7/22/2002. The diagnoses are neck pain, low back pain and lumbar radiculopathy. The patient reported reduction in low back pain following epidural steroid injection on 6/16/2014. On 5/15/2014, [REDACTED] noted subjective complaints of headache, neck and low back pain. The pain score was 8/10 on a scale of 0 to 10. The patient reported a 50% reduction in pain following the use of pain medications. The patient complained of tingling, numbness and weakness of the lower extremities. There was decreased sensation in the L5 dermatome. On 7/7/2014, there was subjective complaint of significant increase in pain following non certification of Nucynta. The patient is also utilizing Lyrica and topical preparation. A Utilization Review determination was rendered on 6/10/2014 recommending modified approval for Nucynta ER 100mg #60 to #45 and denial of topical compound cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 TRIAL OF COMPOUNDED CREAM CONTAINING MELOXICAM, TOPIRAMATE, PRILOCAINE AND LIDOCAINE: Upheld

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

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

Decision rationale: The CA MTUS recommend that compound topical preparation can be utilized in the management of neuropathic pain that did not respond to first line anticonvulsant and antidepressant medications. The records did not show that the patient have failed treatment with oral formulations of the first line medications. There is lack of guideline or FDA support for the use of topical formulations of Topiramate, Prilocaine and Meloxicam in the management of chronic pain. It is recommended that Lidocaine preparation be tried and evaluated individually. The criteria for the trial of compound cream Meloxicam, Topiramate, Prilocaine and Lidocaine was not met.

Nucynta ER 100mg Qty 60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioid Page(s): 74-96. Decision based on Non-MTUS Citation (ODG) Pain Chapter

Decision rationale: The CA MTUS recommend that opioids can be used for the maintenance treatment of chronic musculoskeletal pain after treatment with Non Opioid medications, Physical Therapy (PT) and surgical options have been exhausted. The records indicate that the completed non opioid options, Physical Therapy (PT) and interventional pain procedures. Nycynta is associated with less opioid side effects because of its combination of Opioid and Non Opioid actions. The criteria for the use of Nucynta ER 100mg #60 was met.