

Case Number:	CM14-0210117		
Date Assigned:	12/23/2014	Date of Injury:	08/22/2002
Decision Date:	02/23/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, 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:

The patient is a 67-year-old right hand dominant woman who sustained a work related injury on August 20, 2002. Subsequently, she developed chronic neck, shoulder, low back, and knee pain. According to the progress report dated November 13, 2014, the patient continued to report knee pain, but mainly on the right side as her left knee was doing well since she had a left total replacement in May 2014. She was also reporting muscle spasms in bilateral anterior thigh regions. She also reported cervical pain, which radiates onto the top of her head and into bilateral shoulder regions right greater than left. This was continually getting worse. She has had pain radiating down the right lower extremity to the level of her thumb. She also reported episodes of her right arm going completely numb. She continued to have bilateral hand pain and a locking feeling in her right third digit. The patient had been receiving physical therapy for her neck and reported that this was helping. The patient rated the level of her pain as an 8/10 without medications and 6/10 with medications. The x-ray report of bilateral hands showed moderate to severe osteoarthritis of the first CMC joints and bilaterally moderate to severe osteoarthritis of the PIP and DIP joints of the third through fifth digits. Examination of the left knee revealed full range of motion. There was a well healed midline surgical scar. No specific weakness appreciated in the lower extremities. There was a positive McMurray's test medial right knee pain. No severe tenderness to palpation of the bony structures. Negative Lachman's test. Negative anterior and posterior draw testing. Positive ballottement test on the left side. There was severe limitation in range of motion of the cervical spine. Severe hypertonic paraspinal musculature appreciated in the cervical region bilaterally. Equivocal Spurling's maneuver as the patient had

severe pain and could not appropriately extend her neck. Mild 4/5 weakness in bilateral grip strengths. Giveaway weakness in the upper extremities secondary to pain. reflexes were 2+ and symmetrical in the upper extremities. Decreased sensation to light touch and pinprick in the left lumbar distribution. decreased range of motion of the shoulders secondary to neck pain in flexion and abduction over 90 degrees. The patient was diagnosed with cervical spondylosis without myelopathy. The provider requested authorization for Nucynta and Voltaren Topical Gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 75mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, ongoing use of opioids should follow specific rules:(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy.(b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. There is no clear evidence and documentation from the patient file, of a continuous need for Nucynta. There is no documentation of functional improvement with previous use of Nucynta. There is no documentation of compliance of the patient with her medications. Therefore the prescription of Nucynta 75mg #90 is not medically necessary.

Voltaren gel x 5 tubes: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics ;Nonselective Nsaids, Page(s): 111; 107.

Decision rationale: Voltaren Gel (Diclofenac) is a nonsteroidal anti-inflammatory drug (NSAID). According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Diclofenac is used for osteoarthritis pain of wrist, ankle and elbow and there is no strong evidence for its use for spine pain such as cervical spine pain, shoulder and knee pain. Therefore request for Voltaren Topical Gel is not medically necessary.