

Case Number:	CM14-0211961		
Date Assigned:	01/02/2015	Date of Injury:	02/15/2012
Decision Date:	02/25/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	12/17/2014

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 51-year-old man who sustained a work-related injury on February 15, 2012. He subsequently developed neck, low back, and shoulder pain. On November 6, 2013, the patient underwent left shoulder arthroscopy and partial resection of glenoid labrum and debridement of rotator cuff and manipulation under anesthesia. On March 26, 2014, the patient underwent right shoulder arthroscopy with and partial resection of glenoid labrum and debridement of rotator cuff. On April 16, 2014, the patient underwent a left L4-5 transforaminal epidural steroid injection, with 60% relief of back and leg pain for 1 week following the procedure. Operative report dated June 18, 2014 indicated that the patient underwent diagnostic lumbar medial branch blocks bilaterally at L3-4, L4-5, and L5-S1. According to a follow-up report dated December 2, 2014, the patient continued to complain of low back pain, which radiates into the hips, left greater than right, neck pain, which radiates into the shoulders, and shoulder pain. Average pain since his last visit was 6/10. The patient underwent a right L4-L5 transforaminal epidural injection on November 5, 2014 with 30% relief of pain. The pain slowly returned over the next 2 days. Examination revealed decreased axial low back pain, decreased radicular pain, residual discogenic low back pain, and neck pain with crepitus on range of motion. The patient was diagnosed with cervical spondylosis with myelopathy, lumbosacral spondylosis without myelopathy, degenerative cervical intervertebral disc, degenerative lumbar intervertebral disc, cervicgia, lumbago, thoracic/lumbosacral radiculitis, spasm of muscle, and unspecified myalgia and myositis. The provider requested authorization for TN2 cream, Lorzone, and Nucynta.

IMR ISSUES, DECISIONS AND RATIONALES

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

TN2 cream (gabapentin 10%, ketamine 8%, cyclobenzaprine 4%, menthol 3%) 120ml:
Upheld

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

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

Decision rationale: TN2 cream is formed by the combination of gabapentin, ketamine, cyclobenzaprine, and menthol. 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. TN2 cream contains menthol a topical analgesic not recommended by MTUS. Furthermore, there is no documentation of failure or intolerance of first line oral medications for the treatment of pain. Based on the above TN2 cream (gabapentin 10%, ketamine 8%, cyclobenzaprine 4%, menthol 3%) 120ml is not medically necessary.

Lorzone 750mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: According to MTUS guidelines, Lorzone, a non sedating muscle relaxants, is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic spasm and pain. Efficacy appears to diminish over time and prolonged use may cause dependence. There is no recent documentation of pain and spasticity improvement. Therefore the request for authorization Lorzone 750mg #60 is not medically necessary.

Nucynta IR 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179.

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. 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>In the current case, the patient was using opioids without documentation of significant pain or functional improvement. There is no documentation of compliance with prescribed drugs (UDS date and results are not reported). The medical records also do not include a pain contract for the use of opiates. Therefore the prescription of Nucynta IR 50mg #60 is not medically necessary.