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| Case Number: | CM15-0010388 | | |
| Date Assigned: | 01/27/2015 | Date of Injury: | 10/02/2007 |
| Decision Date: | 03/18/2015 | UR Denial Date: | 12/23/2014 |
| Priority: | Standard | Application Received: | 01/19/2015 |

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: Arizona, California
Certification(s)/Specialty: Family Practice

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 44 year old female injured worker suffered an industrial injury on 10/02/2007. The diagnoses were left carpal tunnel syndrome, left ulnar nerve entrapment, bilateral elbow pain, bilateral shoulder pain cervical discogenic pain, cervical radicular pain and insomnia due to pain. The treatments were left carpal tunnel release and left wrist arthroscopy, home exercise program, medications and cervical epidural steroid injections. The treating provider reported a significant flare of pain, bilateral wrist, hand and upper extremity of neck pain radiating to the left arm with tenderness over the cervical spine, bilateral facet tenderness, and thoracic tenderness. The Utilization Review Determination on 12/23/2014 non-certified: 1. Ultracin topical cream, MTUS Chronic pain Treatment Guidelines. 2. Lidoderm patch #30, Nucynta ER 50mg #30 citing Official Disability Guidelines and MTUS Chronic pain Treatment Guidelines

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracin topical cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Ultracin contains topical menthol, capsaicin and methyl salicylate. The dosage of capsaicin is unknown but the guidelines do not recommend capsaicin above .025% since there is no additional clinical benefit. In addition, topical NSAIDs such as salicylate have not been proven beneficial for neck, hip or shoulder. Application of the Ultracin cream was not specified. Based on the guidelines, the compound Ultracin is not medically necessary.

Lidoderm patch #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch). Decision based on Non-MTUS Citation ODG Lidoderm (lidocaine patch)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica). Lidoderm has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. In this case the claimant did not have the above diagnoses. Long-term use of topical analgesics such as Lidoderm patches are not recommended. The request for use of Lidoderm patches as above is not medically necessary.

Nucynta ER 50mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines chronic pain Page(s): 81. Decision based on Non-MTUS Citation ODG- Tapentadol (Nucynta)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: According to the MTUS guidelines, opioids are not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. They are recommended for a trial basis for short-term use. Long Term use has not been supported by any trials. In this case, the claimant had been on Norco and

Tramadol for over a year. No one opioid is superior to another. There was no indication of Tylenol failure. Recent pain scale response to medications were not mentioned for comparison. The continued use of Nucynta is not medically necessary.