

Case Number:	CM15-0119435		
Date Assigned:	07/06/2015	Date of Injury:	07/11/2011
Decision Date:	10/02/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/19/2015

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: Utah, Arkansas

Certification(s)/Specialty: Family Practice, Sports 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:

This 64 year old man sustained an industrial injury on 7/11/2011. The mechanism of injury is not detailed. Evaluations include cervical spine MRIs dated 8/5/2011 and 10/6/2011, thoracic spine MRI dated 9/26/2011, and cervical spine x-rays dated 7/11/2011. Diagnoses include thoracic spine pain, cervical spondylosis with myelopathy, muscle spasm, cervical disc displacement without myelopathy, brachial neuritis/radiculitis, cervical degenerative intervertebral disc, cervicalgia, and myalgia and myositis. Treatment has included oral and topical medications and use of a cane. Physician notes from the pain management specialist dated 5/26/2015 show complaints of continued headaches and mid back pain. The worker's average pain rating is 7/10. Recommendations include continue current medication regimen including decrease Fentanyl patch, Nucynta, Lunesta, Flector patch, Neurontin, Zanaflex, Baclofen, Cymbalta, Sumavel, Celebrex, TN1 cream, Topamax, Belsomra, continue home exercise program, urine drug screen, wean medications as tolerated, cervical medial branch block, and follow up in one to two months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl patch 50ugm #15: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 93 and 111-112.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Fentanyl patches. MTUS guidelines state that topical pain meds may be used for peripheral pain, after there has been a trial of first-line therapy (such as tri-cyclic or SNRI antidepressants or AED such as gabapentin or Lyrica) More specifically, Fentanyl patches should be used when the patient is currently on opioid therapy and tolerance has developed. There is no clear objective functional gain that has been documented with this medication used previously. Guidelines state that the discontinuation of opioid medication is recommended if there is no overall improvement in function. According to the clinical documentation provided, the patient has not met the above criteria for usage. Therefore, Fentanyl patches are not medically necessary to the patient at this time.

Nucynta IR 75mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, page(s) 75-79.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The MTUS indicates that ongoing management of opioids includes documentation of prescriptions given from a single practitioner, prescriptions from a single pharmacy and the lowest dose should be used to improve function. There should also be an ongoing review of the 4 A's, including analgesia, activities of daily living, adverse side effects, and aberrant drug behaviors. There is no clear objective functional gain that has been documented with this medication. Guidelines state that the discontinuation of opioid medication is recommended if there is no overall improvement in function. Therefore, the request is not medically necessary.

Flector patch #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines page 112, Diclofenac.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Voltaren Gel. MTUS guidelines

state the following: Indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. According to the clinical documentation provided and current MTUS guidelines, Voltaren Gel is medically necessary to the patient at this time.

Zanaflex 4mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Guidelines, page(s) 41-42, 63-66.

Decision rationale: MTUS guidelines state the following: muscle relaxants are indicated for as an option for use in short course of therapy. Efficacy is greatest in the first four days of treatment with this medication. MTUS states that treatment course should be brief. It is recommended to be used no longer than 2-4 weeks. According to the clinical documents, the muscle relaxant requested is not being used for short-term therapy. According to the clinical documentation provided and current MTUS guidelines, Zanaflex is not medically necessary for the patient at this time.

Sumavel Sq #6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head Chapter; Imitrex.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation uptodate.com, Sumatriptan.

Decision rationale: MTUS treatment guidelines are silent with regards to the above request. Other guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Sumatriptan. Guidelines state the following: Recommended for migraine headaches. The clinical records lack documentation that states the patient has a diagnosis of migraine headaches. According to the clinical documentation provided and current guidelines, Sumatriptan is not indicated as a medical necessity to the patient at this time.

Celebrex 200mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines page 22.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Celebrex. MTUS guidelines state the following: may be considered if the patient has a risk of GI complications, but not for the majority of patients. The clinical documents have documentation that states the patient has a positive GI review of systems. The documents also state that the patient has tried and failed this medication. There is no indication to restart this medication. According to the clinical documentation provided and current MTUS guidelines, Celebrex is not medically necessary at this time.

TN1 cream #1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Uptodate.com, Scar Creams.

Decision rationale: MTUS treatment guidelines are silent with regards to the above request. Other guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for TN1. There is lack of clinical documentation that states the necessity of this medication. According to the clinical documentation provided and current guidelines, TN1 is not medically necessary at this time.

Belsomra 20mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www. webmd. com](http://www.webmd.com).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [uptodate. com](http://uptodate.com), Sleep Aids.

Decision rationale: ODG guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Belsomra. Guidelines state the following: recommends Belsomra for short-term use, not long term, 3 weeks in the 1st 2 months of injury. There is concern for habit forming, impaired function and memory, as well as increased pain and depression over long term. According to the clinical documentation provided and current guidelines, Belsomra is not medically necessary at this time.

Topamax 50mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines page 21.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Topiramate. MTUS guidelines state the following: has been shown to have variable efficacy, with failure to demonstrate efficacy in neuropathic pain of central etiology. It is still considered for use in neuropathic pain when other anticonvulsants fail. The clinical documents do not state that the patient has taken other anticonvulsants and failed treatment. According to the clinical documentation provided and current MTUS guidelines, Topiramate is not medically necessary to the patient at this time.