

Case Number:	CM15-0124106		
Date Assigned:	07/08/2015	Date of Injury:	10/07/2010
Decision Date:	08/05/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/26/2015

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: Texas, 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 injured worker is a 51-year-old male who sustained an industrial injury on 10/07/10. Initial complaints and diagnoses are not available. Treatments to date include medications, physical therapy, acupuncture medial nerve block, epidural steroid injection, and radiofrequency ablation. Diagnostic studies are not addressed. Current complaints include lower backache. Current diagnoses include lumbar radiculopathy. In a progress note dated 05/20/15, the treating provider reports the plan of care as medications including Nucynta, Melatonin, and Voltaren gel. The requested treatments include Nucynta and Voltaren gel. The patient sustained the injury when he was pushing a heavy barrel. The patient had received acupuncture and ESI for this injury. The medication list includes Oxycodone, Flexeril, Nucynta, Trazodone and Gabapentin. Per the note dated 6/2/15 patient had complaints of low back pain at 7-9/10. Physical examination of the low back revealed limited ROM, tenderness on palpation, positive SLR, trigger points and 4/5 strength. On review of system patient had no gastrointestinal complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 100mg tab take 1 three times a day as needed Qty 90: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS (Effective July 18, 2009), Page 75 Central acting analgesics: Page 82 Opioids for neuropathic pain.

Decision rationale: Nucynta 100mg tab take 1 three times a day as needed Qty 90. Nucynta (tapentadol) is an opioid pain medication similar to tramadol. Nucynta is used to treat moderate to severe pain. According to MTUS guidelines "Central acting analgesics: an emerging fourth class of opiate analgesic that may be used to treat chronic pain. This small class of synthetic opioids (e. g. , Tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and norepinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain. (Kumar, 2003)" Cited guidelines also state that, "A recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first- line drug; (2) treatment of episodic exacerbations of severe pain; [&] (3) treatment of neuropathic cancer pain". Tapentadol can be used for chronic pain and for treatment of episodic exacerbations of severe pain. Treatments to date include medications, physical therapy, acupuncture medial nerve block, epidural steroid injection, and radiofrequency ablation. Current complaints include lower backache. Current diagnoses include lumbar radiculopathy. Per the note dated 6/2/15 patient had complaints of low back pain at 7-9/10. Physical examination of the low back revealed limited ROM, tenderness on palpation, positive SLR, trigger points and 4/5 strength. Patient is already taking a muscle relaxant. The patient has chronic pain, with evidence of objective abnormalities on exam and the patient's medical condition can have intermittent exacerbations. Having Nucynta available for use during sudden unexpected exacerbations of pain is medically appropriate and necessary. This request for Nucynta 100mg tab take 1 three times a day as needed Qty 90 is medically appropriate and necessary

Voltaren 1% gel Qty 3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain - Topical Analgesics, pages 111-112 Topical Analgesics.

Decision rationale: Voltaren Gel is Diclofenac sodium topical gel that contains the active ingredient diclofenac diethylamine in the strength 11.6 mg/g (1.16% w/w) and non-medicinal ingredients include carbomer, cocoyl caprylocaprate, diethylamine, isopropyl alcohol, liquid paraffin, macrogol cetostearyl ether, perfume, propylene glycol, purified water. According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "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". There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended? Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration". MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. The medication list contains Gabapentin. The detailed response of the gabapentin for this injury

was not specified in the records provided. Any intolerance or contraindication to oral medications was not specified in the records provided. Also, a doctor's note or prescription with the details of the medications prescribed or recommended was not specified in the records provided. In addition as per cited guideline for non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. The request for Voltaren 1% gel Qty 3 is not medically necessary or established for this patient.