

<b>Case Number:</b>	CM15-0171885		
<b>Date Assigned:</b>	09/14/2015	<b>Date of Injury:</b>	07/16/2012
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	08/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/31/2015

### 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:

This is a 54-year-old male with a date of injury on 7-16-2012. A review of the medical records indicates that the injured worker is undergoing treatment for thoracic or lumbar disc displacement without myelopathy, lumbago and thoracic or lumbosacral neuritis or radiculitis unspecified. Medical records (2-3-2015 to 8-5-2015) indicate ongoing pain in his neck, left shoulder, lower back and left leg. On 8-22-2015, he reported worsening left shoulder pain. A cortisone injection was noted to have provided three to four weeks of relief. The injured worker reported taking Nucynta at bedtime. He usually relied on the Diclofenac at work. He also wore the Lidoderm patch at work. He rated his pain as five out of ten with medications. The physical exam (2-3-2015 to 8-5-2015) reveals painful lumbar movements. Straight leg raise testing was positive on the left. There was diminished sensation over the dorsum of the foot. Treatment has included cervical fusion, epidural steroid injection, magnetic resonance imaging (MRI) and medications. Current medications (8-5-2015) included Nucynta, Prilosec, Lidoderm patches, Voltaren XR and Gabapentin. These same medications were prescribed as of the 2-3-2015 progress report. The original Utilization Review (UR) (8-13-2015) modified a request for Nucynta 50mg #60 with 1 refill to Nucynta 50mg #60 with no refills. Utilization Review non-certified requests for Prilosec and Lidoderm patches. Utilization Review certified a request for Voltaren XR.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nucynta ER 50mg #60 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter and pg 126.

**Decision rationale:** According to the MTUS guidelines, Nucynta is not indicated 1st line for mechanical or compressive etiologies. It is not a 1st line opioid for chronic pain. No one opioid is superior to another. According to the ODG guidelines, Nucynta is recommended as second line therapy for patients who develop intolerable adverse effects with first line opioids. Nucynta has the same pain-relieving benefits of OxyIR, as well as the same risks that come with any opioid, but shows a significant improvement in gastrointestinal tolerability compared with oxycodone. In this case, there was no mention of weaning or trial of alternate non-opioids. In addition, pain scores reductions in recent progress notes were not noted to justify the Nucynta. The total Nucynta ER and short acting dosage were on the threshold of maximum Morphine equivalent dose. The Nucynta ER is not medically necessary.

**Prilosec 20mg #60 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** According to the MTUS guidelines, Prilosec is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. Therefore, the continued use of Prilosec is not medically necessary.

**Lidoderm patch #30 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch).

**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 anti-depressants 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 is not recommended. The claimant remained on high dose opioids as well as NSAIDS. The request for continued and long-term use of Lidoderm patches as above is not medically necessary.