

Case Number:	CM15-0068982		
Date Assigned:	04/16/2015	Date of Injury:	12/14/2009
Decision Date:	05/15/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/12/2015

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: New Jersey

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 54 year old female who sustained an industrial injury on December 14, 2009. She has reported left foot and ankle pain and has been diagnosed with neuralgia, neuritis, and radiculitis unspecified, reflex sympathetic dystrophy lower limb, spasm of muscle, and pain in joint, ankle and foot. Treatment has included surgery, medications, modified work duty, physical therapy, and chiropractic care. Currently the injured worker had left foot weakness with extension and difficulty ambulating due to severe pain. The treatment request included TN3 cream, Nucynta ER, and zanaflex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trial of TN3 cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18, 66, 78, 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: TN3 is a combination/compounded topical analgesic which includes gabapentin, ketamine, lidocaine, menthol, and cyclobenzaprine. The MTUS Chronic Pain Treatment Guidelines state that topical analgesics are largely experimental, especially when in compounded form or in combination with multiple medications, as there is limited or no data to support their use. In particular, topical gabapentin and topical cyclobenzaprine and other muscle relaxants are all not recommended due to insufficient peer-reviewed studies existing regarding these analgesics. Also, ketamine use is generally not recommended due to limited effectiveness and more significant side effect profile than other topical medications. In the case of this worker, the provider recommended TN3 cream which contains multiple non-recommended ingredients and therefore, will be considered medically unnecessary.

Nucynta ER 150mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18, 66, 78, 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was insufficient reporting made in the notes provided for review regarding when the Nucynta was regularly used (before stopping it) and how effective it was at reducing pain, measured in pain levels with and without use, and how it improved overall function, using specific examples of abilities with and without use of Nucynta. Without this supportive documentation, it is difficult to assess for medical necessity. Therefore, the request for Nucynta ER will be considered medically unnecessary at this time.

Zanaflex 4mg Qty 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18, 66, 78, 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic

pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker, there was evidence of chronic use of muscle relaxants in the past. However, the record suggested that for a time, prescribed medications, including Zanaflex, may not have been used for a time leading up to this request due to non-approval in the past. The notes provided do not include prior use of Zanaflex and benefit directly related to its use which might have helped to justify its continuation. Regardless, the request for ongoing use of Zanaflex, which is not recommended for chronic use, will be considered medically unnecessary.