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| Case Number: | CM13-0018106 | | |
| Date Assigned: | 10/11/2013 | Date of Injury: | 03/17/2010 |
| Decision Date: | 01/15/2014 | UR Denial Date: | 08/16/2013 |
| Priority: | Standard | Application Received: | 08/29/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck and right arm pain reportedly associated with industrial injury of March 17, 2010. Thus far, the applicant has been treated with the following: Analgesic medications, adjuvant medications; attorney representation; antidepressant medications; unspecified amounts of physical therapy; and extensive periods of time off of work. In a utilization review report of August 16, 2013, the claims administrator denied a request for Flexeril and Nucynta. The applicant's attorney later appealed, on August 26, 2013. A later note of September 4, 2013 is notable for comments that the applicant is unchanged. He reports persistent neck pain radiating down the right arm. His quality of sleep is appropriate. His activity level is unchanged. Activity increases his pain. He is on Flector, Nucynta, Lyrica, Flexeril, and Pristiq. He is off of work. Both lumbar and cervical range of motions are limited secondary to pain and both upper and lower extremity strength are also limited secondary to pain. The applicant receives multiple medication refills. He states that usage of medications is allowing him to do daily chores. Permanent work restrictions are again endorsed. The applicant remains off of work, however. It is stated that Flexeril, it is incidentally noted, is being employed as a sleep aid. In a later note of September 9, 2013, the applicant is issued a prescription for Percocet on the grounds that his Nucynta was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41.

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, addition of cyclobenzaprine or Flexeril to other agents is not recommended. In this case, the applicant is using numerous other oral analgesics, including opioids such as Nucynta and/or Percocet. Adding cyclobenzaprine or Flexeril is not indicated and brings issues such as sedation and polypharmacy into question. Therefore, request remains non-certified, on independent medical review.

Nucynta 75mg #120: Upheld

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

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

Decision rationale: The MTUS does not address the topic of Nucynta usage. As noted in the ODG Chronic Pain Chapter Tapentadol topic, Nucynta is recommended as a second line therapy for those applicants who develop intolerable adverse effects with first line opioids. In this case, there is no evidence that the applicant has in fact developed intolerable side effects with first line opioids. The applicant was subsequently issued with a prescription for a more conventional opioid, Percocet, effectively obviating the need for a second line Nucynta. Therefore, the request remains non-certified, on independent medical review.