

<b>Case Number:</b>	CM13-0058430		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	07/19/2007
<b>Decision Date:</b>	05/20/2014	<b>UR Denial Date:</b>	11/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2013

### 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. The expert reviewer is Board Certified in Orthopedic Surgery 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 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/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:

This is a 44-year-old claimant who was injured in a work related accident on 07/19/07. The records indicate that this female is with a history of chronic regional pain syndrome for which she is now status post a spinal cord stimulator trial with 70% improvement with her pain related complaints as of 10/10/13. Recommendations for spinal cord implementation were recommended for her diagnosis of right upper extremity chronic regional pain syndrome. She states that the treatment to date has included multiple prior injections, physical therapy, medications and acupuncture. There are current recommendations for continued use of Lucynta, Tizanidine and topical Flurbiprofen cream. The current physical examination findings were not noted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NUCYNTA 100 MG, QTY:90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91-94.

**Decision rationale:** Continued use of Nucynta would not be supported. Nucynta is the chemical equivalent of Tramadol. Tramadol in a chronic setting, per California MTUS Chronic Pain Guidelines, is not recommended beyond 16 weeks of use with no current indication or documentation of support for its use beyond that period of time. This individual is with chronic pain related complaints for which she is to undergo spinal cord stimulator implementation due to a positive spinal cord stimulator trial. The continued role of this agent would not be supported per guideline criteria.

**TIZANIDINE 4 MG QTY: #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 65.

**Decision rationale:** California MTUS Guidelines would not support the continued role of Zanaflex. Zanaflex, a muscle relaxant, should be used with caution as a second line agent in the chronic pain setting for acute symptomatic flare. While this individual is noted to be with chronic pain complaints for which spinal cord stimulator is being recommended there is no indication of acute symptomatic flare or continued need for use of short acting muscle relaxants in the chronic setting. The specific request given clinical guidelines had failed to necessitate the role of muscle relaxants for casual use in the chronic setting would not be supported.

**TOPICAL CREAM FLURBIPROFEN 20%:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112-113.

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

**Decision rationale:** California MTUS Guidelines would not support the role of topical Flurbiprofen. At present, this topical nonsteroidal medication is not recommended per guideline criteria for topical use. The only topical nonsteroidal of discernible benefit per California MTUS guidelines would be Diclofenac. The continued role of this topical compounded agent would not be indicated.