

<b>Case Number:</b>	CM13-0068610		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	07/11/2010
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	12/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2013

### 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 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 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:

Patient is a 55 year-old female with date of injury 07/11/2010. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 11/20/2013, lists subjective complaints as pain in the right shoulder. Objective findings: Examination of the right shoulder revealed severe tenderness to palpation over the Erb point [the upper trunk of the brachial plexus located 2-3 cm above the clavicle]. Positive costoclavicular abduction test Positive right Roos test. Residual restriction in range of motion. Diagnosis: 1 Status post left arthroscopic shoulder decompression, 2011. 2. Status post right arthroscopic rotator cuff repair, 11/2012. 3. Right thoracic outlet syndrome; a) associated right piriformis syndrome; b) associated right carpal tunnel syndrome; c) associated right vascular headaches. 4. C4-5 disc herniation with stenosis and right C4-5 radiculopathy by EMG. The medical records provided for review document that the patient has been taking the following medications for at least as far back as 06/05/2013. Medications: 1.Tizanidine HCL 4mg, #30, no SIG given. 2.Nucynta 75mg, #90, no SIG given.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for 30 Tizanidine HCL 4mg between 9/20/13 and 9/20/13:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, Page 63 Page(s): 63.

**Decision rationale:** Tizanidine is a drug that is used as a muscle relaxant. The California Medical Treatment Utilization Schedule (MTUS) states that muscle relaxants are recommended with caution only on a short-term basis. The patient has been taking the muscle relaxant for an extended period of time.

**Retrospective request for 90 Nucynta 75mg between 9/24/13 and 9/24/13:** Upheld

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

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

**Decision rationale:** According to the Official Disability Guidelines, Nucynta is recommended as second line therapy for patients who develop intolerable adverse effects with first line opioids. There is no documentation in the medical record that the patient has developed intolerable adverse effects to the current narcotic regimen.