

<b>Case Number:</b>	CM13-0071180		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	04/26/2005
<b>Decision Date:</b>	04/28/2014	<b>UR Denial Date:</b>	12/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/26/2013

### 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 Internal 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:

The patient is a 34-year-old female who reported an injury on 04/26/2005 after shelving unit fell on her at work. The patient reportedly sustained injury to her right wrist and hand. The patient ultimately underwent carpal tunnel release followed by postsurgical physical therapy. The patient's conservative treatments have also included acupuncture and multiple medications. The patient's most recent clinical evaluation documented that the patient has had increased pain levels since the prior visit. Physical findings included tenderness to palpation and muscle tightness of the thoracic and lumbar spinal musculature. Evaluation of the right shoulder documented a positive Hawkins test and tenderness to palpation in the subdeltoid bursa. Examination of the right hand documented a right thumb trigger finger with locking in joint and decreased range of motion. The patient's diagnoses included low back pain, pain in the thoracic spine, spinal lumbar degenerative disc disease, shoulder pain, and wrist pain. The patient's treatment plan included continuation of medications and use of orthotics. The patient's medication schedule included Parafon Forte DSC 500 mg, Neurontin 300 mg, Nucynta 500 mg, and Dexilant 60 mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Parafon Forte DSC 500mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 63.

**Decision rationale:** The requested Parafon Forte DSC 500 mg #60 is not medically necessary or appropriate. The requested medication is a muscle relaxant. California Medical Treatment Utilization Schedule recommends muscle relaxants for short courses of treatment for acute exacerbations of chronic pain. The clinical documentation submitted for review indicated that the patient has been on this medication since at least 07/2012. As the patient has been on this medication for an extended duration there is a lack of documentation of increased functional capabilities and evidence of pain relief. Continued use would not be supported. As such, the requested Parafon Forte DSC 500 mg #60 is not medically necessary or appropriate.

**Nucynta 50mg #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), PAIN (CHRONIC)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, ON-GOING MANAGEMENT Page(s): 78.

**Decision rationale:** The requested Nucynta 500 mg #90 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends the continued use of opioids be supported by documentation of functional benefit, evidence of pain relief, managed side effects, and compliance to the prescribed medication schedule. The clinical documentation submitted for review does indicate that the patient has been on this medication since at least 07/2012. There is no documentation that the patient is monitored for aberrant behavior. Additionally, the patient's most recent clinical evaluation does not provide any evidence of significant functional benefit or a quantitative assessment to support pain relief. Therefore, continued use would not be supported. As such, the requested Nucynta 50 mg #90 is not medically necessary or appropriate.

**Dexilant 60mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK Page(s): 68.

**Decision rationale:** The requested Dexilant 60 mg #30 is not medically necessary or appropriate. The requested medication is a gastrointestinal protectant. California Medical Treatment Utilization Schedule recommends gastrointestinal protectants for patients who are at risk for developing gastrointestinal disturbances related to medication usage. The clinical documentation submitted for review does not provide an adequate assessment of the patient's gastrointestinal system to support that they are at risk for developing gastrointestinal events

related to medication usage. Therefore, continued use would not be supported. As such, the requested Dexilant 60 mg #30 is not medically necessary or appropriate.