

Case Number:	CM13-0072574		
Date Assigned:	01/08/2014	Date of Injury:	11/10/2007
Decision Date:	06/09/2014	UR Denial Date:	12/14/2013
Priority:	Standard	Application Received:	12/31/2013

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:

The patient is an employee of [REDACTED] who has submitted a claim for neck and right shoulder pain associated with an industrial injury date of 07/11/2010. Treatment to date has included, ultrasound-guided scalene injection, physical therapy sessions, chiropractic sessions, TENS, left shoulder arthroscopic decompression, arthroscopic right rotator cuff repair, intake of medications namely Lantus Insulin 35 units, Atorvastatin 80 mg, Metformin 1000 mg, Zolpidem 10mg, Tizanidine 4mg and Nucynta prescribed since at least 03/2013. Medical records from 2012 to 2013 were reviewed which revealed pain in the right side of the neck and radiates to the shoulder blade down to the right hand. There was associated weakness and numbness in the right hand. Additional subjective complaints included increasing pain in the right side of head causing headaches and swelling on the right side of the face. Physical exam showed weakness and sensory loss to the right hand, positive Tinel's sign in the region of the brachial plexus, positive Adson's, Roo's and brachial plexus stress testing on the right, positive Spurling's and neck pain on the right side upon tapping on the vertex of the head.

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: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN)..

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

Decision rationale: As stated on page 63 of CA MTUS Chronic Pain Medical Treatment Guidelines, non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbation in patients with low back pain. In this case, patient has been taking Tizanidine HCL since at least 03/2103, and patient was not suffering from muscle spasms or acute exacerbation at the time of request. Therefore, the request for 30 Tizanidine HCL 4 mg is not medically necessary.

RETROSPECTIVE REQUEST FOR 90 NUCYNTA 75MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE, ONGOING MONITORING..

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

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, Nucynta is seen as an effective method in controlling chronic pain. Guidelines state 4 domains as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug related behaviors. In this case, the patient has been taking Nucynta since at least 03/13. However there are no quantifiable or observable functional goals, progress or measurements evidencing support for the employee's utilization of Nucynta. Therefore the request for 90 Nucynta 75 mg is not medically necessary.