

<b>Case Number:</b>	CM14-0178773		
<b>Date Assigned:</b>	11/03/2014	<b>Date of Injury:</b>	07/01/2010
<b>Decision Date:</b>	12/08/2014	<b>UR Denial Date:</b>	10/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2014

### 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 injured worker (IW) is a 31-year-old woman with a date of injury of July 1, 2010. She sustained injuries to her neck, right shoulder, and right arm while working as a live stunt performer at [REDACTED]. The IW attributes her mechanism of injury to repetitive working activities that consisted of repelling 30 feet down a rope, using her right arm to brake, holding the rope tightly with her right arm, and falling onto a pad on her back. She performed the stunts for every show and performed about 15 shows a day, due to the company being short staffed. Pursuant to a progress note dated August 4, 2014, the IW complains of constant neck pain radiating into her head, upper back and right upper extremity with numbness and tingling rated 8/10. She has constant right shoulder pain radiating into the neck, upper back and down the elbow, forearm, wrist, and hand rated 7/10. Her pain affects her sleep and is aggravated by various activities and relieved by medications and therapy. Objectively, the IW was not in any acute distress, she was alert and cooperative. Cervical, right shoulder, right elbow and right wrist range of motion was reduced. The IW had cervical spine tenderness and positive Spurling's test on the right. Bilateral upper extremity motor was normal graded 5/5. Bilateral upper extremity reflexes were 2+/4 and the right upper extremity diminished sensation to light touch in C6 nerve root distribution. The IW was diagnosed with cervical disc protrusion and radiculopathy; right shoulder and arm internal derangement; right elbow internal derangement; and right wrist and hand internal derangement. The provider recommended Cyclobenzaprine and Nucynta, which have been prescribed since at least February 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**(1) Prescription of Cyclobenzaprine Hydrochloride 10mg #60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Muscle Relaxants

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Cyclobenzaprine 10 mg #60 is not medically necessary. Cyclobenzaprine is recommended for short-term treatment as a second line option. It has a modest effect and is associated with the risk of adverse effects such as dependence. Its benefit is greatest in the first four days and should not be used longer than 2 to 3 weeks due to the risk of side effects. In this case, Cyclobenzaprine has been used long term since February 11 of 2014, well beyond the short-term recommendations. Its continued use is not appropriate absent compelling clinical documentation in the medical record. There is none. Consequently, cyclobenzaprine 10 mg #60 is not medically necessary.

**(1) Prescription of Methylprednisone 4mg #6: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Chapter, Oral Corticosteroids Other Medical Treatment Guideline or Medical Evidence: <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a682795.html>

**Decision rationale:** Pursuant to the Official Disability Guidelines state oral corticosteroids are not recommended for chronic pain, except Polymyalgia Rheumatica. There is no data on the efficacy and safety of systemic corticosteroids in chronic pain given their serious potential adverse effects. [REDACTED], methylprednisolone 4 mg # 6 is not medically necessary. Methylprednisolone is indicated for inflammation and is used to treat certain forms of arthritis. For additional details see the attached link. In this case, there is no documentation supporting the use of oral steroids. Additionally, steroids are not recommended, according to the ODG for chronic pain. Consequently, methylprednisolone 4 mg #60 is not medically necessary.

**(1) Prescription of Nucynta 50mg #60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (acute & chronic)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Opiate Use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Chapter, Opiates

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and The Official Disability Guidelines, Nucynta 50mg #60 is not medically necessary. Ongoing management of long-term use of opiates require ongoing review of documentation of pain relief, functional status, appropriate medication use and side effects. Satisfactory response to treatment may be indicated by the patient's decreased pain, increase level of function or improve quality of life. Nucynta is a schedule 2 controlled substance and may be abused by crushing, chewing, snorting or injecting the product. These practices pose a significant risk to the abuser that could result in overdose and death. In this case, the injured worker has been taking Nucynta since February 11, 2014. There is no documentation as to baseline pain and objective functional improvement. Additionally, the medical record does not contain pain related assessments including history of pain treatment and effective pain and function. Consequently, absent the appropriate documentation to continue Nucynta, Nucynta is not medically necessary. Based on the clinical information in the medical record of the peer-reviewed evidence-based guidelines, Nucynta 50 mg #60 is not medically necessary.