

<b>Case Number:</b>	CM14-0039297		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	06/30/2007
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	03/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 is a 56-year-old female who was reportedly injured on August 30, 2007. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated March 15, 2014, indicated that there were ongoing complaints of low back pain radiating to the left lower extremity and left wrist pain. It was stated that there was greater than 50% pain relief with the use of Norco and that Flexeril decreased muscle spasms and tightness. The physical examination demonstrated pain with left shoulder range of motion and decreased sensation at the left C6 and C7 dermatomes. There was tenderness over the lumbar spine paraspinal muscles with spasms and a positive left-sided straight leg raise test. Diagnostic imaging studies were not reviewed during this visit. Previous treatment included the use of a wrist brace. A request was made for Nucynta, Neurontin, Flexeril and Norco and was not certified in the pre-authorization process on March 28, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NUCYNTA 50MG #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91 of 127.

**Decision rationale:** Nucynta is a short acting opiate indicated for the management of moderate to severe breakthrough pain. The California Medical Treatment Utilization Schedule guidelines support short-acting opiates at the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; however, there is no objective clinical documentation of improvement in the pain or function with the current regimen. As such, this request for Nucynta is not medically necessary.

**NEURONTIN 600MG #90:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drugs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-20, 49 of 127.

**Decision rationale:** The California Medical Treatment Utilization Schedule considers gabapentin to be a first-line treatment for neuropathic pain. Based on the clinical documentation provided, there is evidence of neuropathic and radicular pain on exam. As such, the request for Neurontin is medically necessary.

**FLEXERIL 10MG #90:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66 of 127.

**Decision rationale:** Flexeril is a muscle relaxant. According to the California Chronic Pain Medical Treatment Guidelines, muscle relaxants are indicated as a second line option for the short-term treatment of acute exacerbations of chronic low back pain. According to the most recent progress note, the injured employee does have muscle spasms on physical examination. Therefore, this request for Flexeril is medically necessary.

**NORCO 10/325 MG #180:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91 of 127.

**Decision rationale:** Norco (hydrocodone/acetaminophen) is a short acting opiate indicated for the management of moderate to severe breakthrough pain. The California Medical Treatment

Utilization Schedule guidelines support short-acting opiates at the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; and there is objective clinical documentation of improvement in the pain or function with the current regimen. As such, this request for Norco is medically necessary.