

<b>Case Number:</b>	CM14-0039356		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	05/02/2010
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	03/21/2014
<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 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 is a 40-year-old female who reported an injury on 05/02/2010. The mechanism of injury was not stated. The current diagnoses include low back pain and muscle inflammation. The injured worker was evaluated on 03/10/2014 with complaints of lower back pain with radiation into the right lower extremity. Physical examination revealed tenderness to palpation in the midline lower back, an antalgic gait, and decreased strength in the right lower extremity. Treatment recommendations included an intramuscular injection of Toradol 60 mg and prescriptions for a Medrol Dosepak and Amrix.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medrol dose pack:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines.

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

**Decision rationale:** The Official Disability Guidelines state oral corticosteroids are not recommended for chronic pain. There is no data on the efficacy and safety of systemic

corticosteroids in chronic pain and given their serious adverse effect, they should be avoided. Therefore, the current request cannot be determined as medically appropriate. There was also no frequency or quantity listed in the current request. As such, the request is not medically necessary.

**Nucynta 75mg #120: 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) Chronic Pain Chapter, Tapentadol (Nucynta®).

**Decision rationale:** The Official Disability Guidelines state Nucynta is recommended as a second line option for patients who develop intolerable adverse effects with first line opioids. There is no documentation of intolerable adverse effect with first line opioid medication. Therefore, the injured worker does not meet criteria for the requested medication. There was also no frequency listed in the current request. As such, the request is not medically necessary.

**Butrans 20mg #4: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official disability guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 26-27.

**Decision rationale:** California MTUS Guidelines state buprenorphine is recommended for treatment of opiate addiction. It is also recommended as an option for chronic pain after detoxification in patients who have a history of opiate addiction. The injured worker does not maintain a diagnosis of narcotic dependency. There is no evidence of a previous detoxification or opiate addiction. There is also no frequency listed in the current request. As such, the request is not medically necessary.

**Amrix 15mg #30, 1 refill: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants. Decision based on Non-MTUS Citation Official disability guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

**Decision rationale:** California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short term treatment of acute exacerbations. There was no evidence of palpable muscle spasm or spasticity upon physical examination. Guidelines do not

recommend long term use of muscle relaxants. There was no frequency listed in the current request. As such, the request is not medically necessary.