

<b>Case Number:</b>	CM14-0065946		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	09/25/2000
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	04/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/09/2014

### 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, has a subspecialty in Pain Management 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:

This is a female patient with the date of injury of September 25, 2000. A Utilization Review was performed on April 29, 2014 and recommended non-certification of 60 tablets of Nucynta with 1 Refill between 4/24/2014 and 6/8/2014 and 60 tablets of Robaxin 500 mg with 1 Refill between 4/24/2014 and 6/8/2014. A Follow-up Report dated April 17, 2014 identifies Subjective complaints of worsened low back and neck pain with low back pain radiating to the right buttock and posterior thigh. Nucynta is noted to be moderately effective and provides adequate control. Physical Examination identifies pain over the bilateral superior and medial trapezius and limited range of motion. Diagnoses identify low back pain, neck pain, and radicular syndrome of lower limbs. Treatment Plan identifies continuing use of medications including Nucynta and Robaxin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nucynta 75mg 60 tablets with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 76-79, 120 of 127.

**Decision rationale:** Regarding the request for Nucynta, CA MTUS cites that, due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, while there is mention that Nucynta is moderately effective, there is no clear indication that the Nucynta is improving the patient's function or pain (in terms of percent reduction in pain or reduced NRS) and no documentation regarding side effects. It should be noted that opiates should not be abruptly stopped; however, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested Nucynta is not medically necessary.

**Robaxin 500mg 60 tablets with 1 refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 63-66 of 127.

**Decision rationale:** Regarding the request for Robaxin, Chronic Pain Medical Treatment Guidelines support the use of nonsedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the Robaxin. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Robaxin is not medically necessary.