

<b>Case Number:</b>	CM14-0078599		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	04/03/2008
<b>Decision Date:</b>	11/05/2014	<b>UR Denial Date:</b>	05/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2014

### 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 Family 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 is a 63 year old female injured on 04/03/08 due to a fall while putting materials into her car resulting in intra-articular fracture of the right radius treated with closed reduction. Current diagnoses include intra-articular fracture of the right distal radius ulnar styloid fracture, malunion and nonunion distal radius fracture, complex regional pain syndrome, osteoporosis, chronic depression, and fibromyalgia by history. The most recent clinical documentation submitted was a psychological agreed medical supplemental report dated 05/29/13. The documentation indicated the injured worker suffered from pain disorder associated with psychological factors and a general medical condition with overlapping CRPS and fibromyalgia, major depression of moderate intensity superimposed on preexisting mild depression, uncomplicated bereavement, and insomnia. It was noted that the injured worker was recommended referral to a board certified psychiatrist, required antidepressant, and did not require further intervention with psychologist. Clinical note dated 05/05/14 indicated the patient to undergo tapering of Nucynta and Baclofen due to negative cognitive effects. The clinical note indicated the patient had completely ceased use of Methadone; however, would remain on Tegretol throughout tapering. Physical examination revealed right arm discoloration, marked allodynia and swelling. The initial request was non-certified on 05/22/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nucynta 50 mg 1 PO TID PRN #90:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 76-77.

**Decision rationale:** As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. Clinical note dated 05/05/14 indicated the patient to undergo tapering of Nucynta and Baclofen due to negative cognitive effects. The clinical note indicated the patient had completely ceased use of Methadone; however, would remain on Tegretol throughout tapering. The Nucynta tapering is to be decreased by 25mg per month and Baclofen by 10mg per month or as tolerated by the patient. The previous Nucynta dose was 75mg 1 tablet every 4-6 hours. As such, the request for Nucynta 50 mg 1 PO TID PRN #90 is an appropriate tapering to dose as noted in the clinical documentation and therefore, recommended as medically necessary at this time.

**Baclofen 10mg #60 with 4 Refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 17, 21.

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

**Decision rationale:** As noted on page 63 of the Chronic Pain Medical Treatment Guidelines, muscle relaxants are recommended as a second-line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain Clinical note dated 05/05/14 indicated the patient to undergo tapering of Nucynta and Baclofen due to negative cognitive effects. The clinical note indicated the patient had completely ceased use of Methadone; however, would remain on Tegretol throughout tapering. The Nucynta tapering is to be decreased by 25mg per month and Baclofen by 10mg per month or as tolerated by the patient. The previous dose was noted to be Baclofen 10mg TID. The updated request is to decrease the dose to BID; however the request for 4 refills is excessive for the tapering process. As such, the medical necessity of Baclofen 10mg #60 with 4 refills cannot be established at this time.

**Tegretol XR 100mg #90 with 1 Refill:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carbamazepine Page(s): 21.

**Decision rationale:** As noted on page 21 in the Chronic Pain Medical Treatment Guidelines, has been approved for treatment of trigeminal neuralgia and effective in the treatment of central neuropathy. Clinical note dated 05/05/14 indicated the patient to undergo tapering of Nucynta and Baclofen due to negative cognitive effects. The clinical note indicated the patient had completely ceased use of Methadone; however, would remain on Tegretol throughout tapering. Physical examination revealed right arm discoloration, marked allodynia and swelling. As such, the request for Tegretol XR 100mg #90 with 1 refill is recommended as medically necessary at this time.