

<b>Case Number:</b>	CM15-0008680		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	10/14/2002
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	01/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California, Arizona  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 39-year-old male who sustained work-related injuries on 10/14/2002. The specific injuries sustained were not available for review. Diagnoses listed in the operative report dated 7/1/2014 include brachial plexus neuropathy, tendinopathy of the right shoulder, carpal tunnel syndrome and complex regional pain syndrome. Previous treatments include medications, nerve block injections and pulsed radiofrequency nerve ablations. The injured worker presented on 01/05/2015 with complaints of persistent pain. Upon examination, there was spasm noted in the left shoulder. The injured worker is diagnosed with CRPS/plexopathy. Recommendations included continuation of the current medication regimen of Nucynta and Flexeril. A Request for Authorization form was submitted on 01/05/2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Prescription of Nucynta 50mg #120: Upheld**

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

**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:** Official Disability Guidelines recommend Nucynta as a second line therapy for patients who develop intolerable adverse effects with first line opioids. There is no indication that this injured worker developed intolerable adverse effects with first line opioids. The injured worker has continuously utilized Nucynta 50 mg since at least 11/2014 without any evidence of objective functional improvement. There is also no frequency listed in the request. Given the above, the request is not medically appropriate.

**1 Prescription of Flexeril 10mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

**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. Flexeril should not be used for longer than 2 to 3 weeks. The injured worker has continuously utilized Flexeril since at least 11/2014 without any evidence of objective functional improvement. The guidelines do not recommend long term use of muscle relaxants. There is also no frequency listed in the request. Given the above, the request is not medically appropriate.