

<b>Case Number:</b>	CM15-0103529		
<b>Date Assigned:</b>	06/08/2015	<b>Date of Injury:</b>	05/14/2009
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	05/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2015

### 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

Certification(s)/Specialty: Emergency Medicine

### 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 48-year-old female, who sustained an industrial injury on 5/14/09. The diagnoses have included right knee total arthroscopy, left knee internal derangement, lumbar discogenic disease, lumbar radiculopathy, chronic low back pain, status post right arthroscopic debridement and manipulation and status post left total knee arthroplasty with persistent pain. Treatment to date has included medications, activity modifications, diagnostics, bracing, surgery, physical therapy, Transcutaneous electrical nerve stimulation (TENS) and home exercise program (HEP). Currently, as per the physician progress note dated 4/22/15, the injured worker complains of constant pain in the knees and tingling rated 9/10 on pain scale with taking pain medications. She reports that the pain is worsening. She also reports difficulty sleeping due to pain. She states that current medications are helpful. The objective findings reveal that she has an antalgic gait and favors the left. The palpation of the lumbar muscle reveals moderate tenderness and muscle guarding. The lumbar range of motion is decreased due to pain. The knee exam reveals non-specific tenderness at the left knee. There is positive muscle atrophy noted to the vastus medialis oblique region and quad, there is mild swelling to the left knee with mild keloid formation. There is no previous urine drug screen noted in the records. The physician requested treatments included Nucynta 50mg, quantity: 180 and Norflex 100mg, quantity: 120.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nucynta 50mg, quantity: 180:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Treatment in Workers Comp 2012 on the Web ([www.odgtreatment.com](http://www.odgtreatment.com)), Work Loss Data Institute ([www.worklossdata.com](http://www.worklossdata.com)), (updated 02/14/12) Tapentadol (Nucynta).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-79.

**Decision rationale:** Nucynta is a Mu-agonist, an opioid-like medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. MTUS guidelines recommend short-term use of opioids. Documentation does not meet the appropriate documentation. Patient has been on chronic opioids including Norco with no documented improvement in pain or function. Patient has persistent severe pain and limited function. The number of tablets requested is excessive and is not consistent with plan for weaning. Nucynta is not medically necessary.

**Norflex 100mg, quantity: 120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 64-66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants(for pain) Page(s): 63-65.

**Decision rationale:** Norflex is an anti-spasmodic type muscle relaxant. As per MTUS Chronic pain guidelines, muscle relaxants have some benefit for pain but data to support its use is very limited. It should be used with caution. As per MTUS guidelines, Norflex has an unknown mechanism of action and limited data to show efficacy. There is some risk of euphoria and side effects. Pt appears to be on this chronically. However, there is no documentation of improvement in pain or function. Chronic use is not recommended. Norflex is not medically necessary.