

<b>Case Number:</b>	CM14-0069741		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	01/04/2001
<b>Decision Date:</b>	06/01/2015	<b>UR Denial Date:</b>	04/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2014

### 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. 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: 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 46 year old male, who sustained an industrial injury on 1/4/2001. The current diagnoses are status post cervical spine surgery, cervical dystonia, left shoulder pain, status post shoulder surgery, left thoracic outlet syndrome, myofascial pain syndrome, and chronic low back pain. According to the progress report dated 3/12/2014, the injured worker complains of pain in the left neck and left scapula. The pain is described as sharp and throbbing. The pain is rated 5-9/10 on a subjective pain scale. The current medications are Lamictal, Clonazepam, Neurontin, Xanax, Mobic, Zanaflex, and Lidoderm patches. Treatment to date has included medication management, X-rays, cervical collar, physical therapy, Botox injections, functional restoration program, and surgical intervention. The plan of care includes prescription for Flonase and Nucynta.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flonase 0.05 percent Nasal spray once a day #1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Merck Manual, Lung and airway disorders.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation WebMD.com Flonase nasal, uses and indications.

**Decision rationale:** The injured worker is being treated for chronic neck pain diagnosed as cervical dystonia status post cervical fusion at C5-6 and C5-7. He is also noted to have obstructive sleep apnea and bipolar depressive disorder. There is mention of a past medical history of nasal obstruction from childhood sports injuries. With regards to request for Flonase nasal, there is only the mention of a history of nasal obstruction. There are no records providing support of specific nasal symptoms such as stuffy runny nose, itching or sneezing or an examination concluding a diagnosis of seasonal allergies. Therefore the use of the nasal glucocorticoid is not medically necessary.

**Nucynta 50 mg tablet take 1 daily as needed #30:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) tapentadol.

**Decision rationale:** The injured worker is being treated for chronic neck pain diagnosed as cervical dystonia status post cervical fusion at C5-6 and C5-7. Records indicate some relief from Botox trigger point injections. He is also noted to have obstructive sleep apnea and bipolar depressive disorder. There is also a past medical history of nasal obstruction from childhood sports injuries. With regards to request for Nucynta which is an opioid agonist/norepinephrine reuptake inhibitor most commonly utilized for the treatment of moderate to severe acute and chronic pain, according to ODG this medication is recommended only as a second line therapy. Records do not demonstrate current failure of first-line opioid therapy such as oxycodone. Therefore request for Nucynta is not medically necessary.