

<b>Case Number:</b>	CM15-0115215		
<b>Date Assigned:</b>	06/23/2015	<b>Date of Injury:</b>	08/15/2008
<b>Decision Date:</b>	07/23/2015	<b>UR Denial Date:</b>	06/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/15/2015

### 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

Certification(s)/Specialty: Preventive Medicine, Occupational 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 57 year old female, who sustained an industrial injury on August 15, 2008. Treatment to date has included right hip arthroscopy, left thenar carpometacarpal joint stabilization, medications, physical therapy, and trigger point injections. Currently, the injured worker complains of coccygeal, low back and hip pain. The injured worker reports an increase in severity of the coccyx and left hip and notes that sitting, standing and walking have become more limited due to her coccygeal, hip and low back pain. She reports that Nucynta has reduced the severe of pain and that Lyrica has reduced the severity of pain in the back and the muscles in the psoas. It is noted that Zorvolex has reduced the severity of wrist pain by over 50% and Baclofen has reduced muscles spasms by over 50%. The injured worker's activities of daily living are limited by her chronic pain but remain tolerated due to her current treatment. On physical examination the injured worker ambulated with less guarding and her stance remained wide based and analgic. She exhibits tenderness to palpation over the lumbar spine, thoracic spine, pelvis, right shoulder, right elbow, bilateral wrists and hands. She exhibits a decreased range of motion due to pain in the shoulders and her piriformis muscle has left myofascial tension. She had a limited range of motion in the hips and her calves had bilateral tenderness to palpation. The diagnoses associated with the request include status post failed right hip arthroscopy, lumbar multi-level degenerative changes, bilateral shoulder impingement syndrome, bilateral carpal tunnel syndrome, cervical muscle spasm and chronic pain. The treatment plan includes activity/work restrictions, and continuation of Nucynta, Lyrica and baclofen.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Nucynta 100mg #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.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Tapentadol (Nucynta).

**Decision rationale:** According to the Official Disability Guidelines, Nucynta is recommended as second line therapy for patients who develop intolerable adverse effects with first line opioids. There is no documentation in the medical record that the patient has developed intolerable adverse effects to the current narcotic regimen. The clinical information submitted for review fails to meet the evidence based guidelines for the requested service. Therefore, the request for Nucynta 100mg #120 is not medically necessary.

**Lyrica 200mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 19-20.

**Decision rationale:** The MTUS states that Lyrica has FDA approval for painful diabetic neuropathy, postherpetic neuralgia, and fibromyalgia. The patient is not diagnosed with the above indications. In addition, a recent review has indicated that there is insufficient evidence to recommend for or against antiepileptic drugs for axial low back pain. Therefore, the request for Lyrica 200mg #90 is not medically necessary.

**Baclofen 10mg # 90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

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

**Decision rationale:** The MTUS recommends baclofen, a non-sedating muscle relaxant, with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Baclofen may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, it shows no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Therefore, the request for Baclofen 10mg # 90 is not medically necessary.