

Case Number:	CM13-0003301		
Date Assigned:	03/03/2014	Date of Injury:	03/22/2002
Decision Date:	05/27/2014	UR Denial Date:	07/15/2013
Priority:	Standard	Application Received:	07/25/2013

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 Occupational 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:

According to the records made available for review, this is a 49-year-old female with a 3/22/02 date of injury. At the time (7/10/13) of request for authorization for Nucynta 50mg tablets QTY: 60.00, Zanaflex 4mg capsules QTY: 60.00, and random urine drug screen QTY: 2.00, there is documentation of subjective (low back pain radiating to the left hip and down to left lower extremity with intermittent numbness and tingling) and objective (lumbar extension at 25 degrees and hip extensor strength 4-/5 bilaterally) findings, current diagnoses (lumbosacral spondylosis, and post laminectomy syndrome lumbar region), and treatment to date (medications (including ongoing treatment with Nucynta and Zanaflex)). 7/10/13 medical report identifies that patient complains of trouble breathing and having asthma attacks while taking Nucynta.

IMR ISSUES, DECISIONS AND RATIONALES

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

NUCYNTA 50MG TABLETS QTY: 60.00: 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).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

Decision rationale: The Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of Opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. The Official Disability Guidelines (ODG) identifies documentation of Nucynta used as a second line therapy for patients who develop intolerable adverse effects with first line opioids, as criteria necessary to support the medical necessity of Nucynta. Within the medical information available for review, there is documentation of diagnoses of lumbosacral spondylosis and post laminectomy syndrome lumbar region. In addition, there is documentation of ongoing treatment with Nucynta. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, and appropriate medication use. In addition, there is no documentation of Nucynta used as a second line therapy for patients who develop intolerable adverse effects with first line opioids. Furthermore, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of Nucynta use to date. Lastly, given documentation that patient complains of trouble breathing and having asthma attacks while taking Nucynta, there is no documentation of ongoing review and documentation of side effects. Therefore, based on guidelines and a review of the evidence, the request for Nucynta 50mg #60 is not medically necessary

ZANAFLEX 4MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine Page(s): 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine Page(s): 66. Decision based on Non-MTUS Citation the Official Disability Guidelines (ODG), Muscle Relaxant Section.

Decision rationale: The Chronic Pain Medical Treatment Guidelines identifies documentation of spasticity, as criteria necessary to support the medical necessity of Tizanidine. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. The Official Disability Guidelines (ODG) identifies that 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. Within the medical information available for review, there is documentation of diagnoses of lumbosacral spondylosis and post laminectomy syndrome lumbar region. In addition, there is documentation of ongoing treatment with Zanaflex. However, there is no documentation of spasticity. In addition, there is no documentation of Zanaflex used as a second line option. Furthermore, given

documentation of ongoing treatment with Zanaflex, there is no documentation of short-term (less than two weeks) treatment. Lastly, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of Zanaflex use to date. Therefore, based on guidelines and a review of the evidence, the request for Zanaflex 4mg #60 is not medically necessary.

RANDOM URINE DRUG SCREEN #2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Testing Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On Going Management Page(s): 78.

Decision rationale: The Chronic Pain Medical Treatment Guidelines identifies documentation of abuse, addiction, or poor pain control in patient under on-going opioid treatment, as criteria necessary to support the medical necessity of Urine Drug Screen. Within the medical information available for review, there is documentation of diagnoses of lumbosacral spondylosis and post laminectomy syndrome lumbar region. In addition, there is documentation of ongoing treatment with opioids. However, there is no documentation of abuse, addiction, or poor pain control. Therefore, based on guidelines and a review of the evidence, the request for random urine drug screen # 2 is not medically necessary.