

Case Number:	CM13-0023051		
Date Assigned:	10/11/2013	Date of Injury:	06/23/2010
Decision Date:	01/17/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	09/11/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation 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 physician 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:

The patient is a 47-year-old female who reported an injury on June 23, 2010. Her diagnoses include complex regional pain syndrome, chronic pain syndrome, adjustment disorder with mixed anxiety and depressed mood, and other chronic postoperative pain. Her symptoms include chronic pain to the right knee, weakness to the right thigh, color changes, temperature changes, sensitivity, and cramping of the right lower extremity, anxiety, depression, insomnia, and frustration related to chronic pain. The patient's medications are listed as Ibuprofen 200 mg 1 tab as needed, Cymbalta 60 mg daily, Xanax 0.5 mg 3 times a day, Senokot as needed for constipation, Nucynta 75 mg every 6 hours, and Lyrica 100 mg 3 times a day. It is noted that the patient is compliant with the narcotic pain management program, she uses her medications appropriately to control her pain so that she can function and exercise, she has signed a narcotic agreement and has undergone regular urine toxicology screens, and there have been no other issues.

IMR ISSUES, DECISIONS AND RATIONALES

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

one (1) prescription of Nucynta 75mg, #90 between July 31, 2013 and October 8, 2013:
Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The California MTUS Guidelines state that for ongoing management of patients on opioid medications, detailed documentation of pain relief, functional status, appropriate medication use, and side effects should be documented. It also specifies that the 4 A's for ongoing monitoring should be addressed to include analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. It states that the monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. As the documentation from her appointment on July 10, 2013 does address the 4 A's for ongoing monitoring of opioid medications, the request is supported by guidelines. Therefore, the request for the prospective request for one (1) prescription of Nucynta 75mg, #90 between July 31, 2013 and October 8, 2013 is certified.

one (1) prescription of Tizanidine HCL 4mg, #60 with 2 refills between July 31, 2013 and November 7, 2013: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Section, Tizanidine (Zanaflex®), generic available) Page(s): 66.

Decision rationale: The California MTUS Guidelines state that Tizanidine is FDA approved for management of spasticity and used for unlabeled use for low back pain. It also stated that studies have shown that this medication demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and the authors of the study recommended its use as a first line option to treat myofascial pain. As the patient has been shown to have symptoms related to myofascial pain, the request is supported. Therefore, the request for the prospective request for one (1) prescription of Tizanidine HCL 4mg, #60 with 2 refills between July 31, 2013 and November 7, 2013 is certified.