

Case Number:	CM13-0032115		
Date Assigned:	12/04/2013	Date of Injury:	06/02/2009
Decision Date:	01/22/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	10/07/2013

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:

61 year old, 5'3", 131 lbs, female with injury from 06/02/09. She is diagnosed with thoracic spondylosis without myelopathy, thoracolumbar degeneration, post-laminectomy syndrome in the cervical region, pain in the thoracic spine and unspecified myalgia. The 11/7/13 report documents her current medications as gabapentin 300mg at night; Nucynta ER 150mg q12h, Percocet 10/325 4/day prn pain, Zanaflex 4mg at bedtime as needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta ER 150mg, #60: Overturned

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 Pain Outcomes and Endpoints Page(s): 8-9.

Decision rationale: The 11/7/13 report from [REDACTED] states the patient has neck and thoracic pain, average pain since last visit was 6/10, functioning since last visit was 5/10. [REDACTED] notes the pain is well controlled with the 100mg Nucynta, and the arm pain and numbness has resolved. She did not have much change in pain since the 10/2/13 radiofrequency ablation (RFA). The exam showed spasm in the thoracic paraspinals and improvement in upper extremity

strength since prior exams. [REDACTED] reports pain being 6/10 on the 10/3/13 and the 11/7/13 reports. He states mood and function were rated at 6/10 on 10/3/13 and rated at 5/10 on 11/7/13. There is no discussion if this represents an improvement in mood or function, or if the patient is getting worse. On the 9/6/13 report, the patient's pain was at 7/10, mood was 6/10 and function was 7/10. This is the same as reported on the 8/9/13 report. The patient was taking Nucynta ER 150mg on all of these reports. Overall, it appears to have dropped the average pain level 1 point on the VAS. This would still be considered a satisfactory response per MTUS definition. MTUS does not state that medications for pain must be discontinued if there is a satisfactory response. The use of Nucynta appears to be in accordance with MTUS guidelines.

tizanidine 4mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodics Drugs, Tizanidine (Zanaflex) Page(s): 66.

Decision rationale: Tizanidine has been prescribed 1-2 tablets at night, presumably for spasms that have been reported in the thoracic region on the reports from 6/13/13 through 11/7/13. There is no discussion of efficacy of Tizanidine in the available medical records. The exam findings of thoracic spasms have not changed with 6-months use of Tizanidine. The patient is not reported to have a satisfactory response to tizanidine. MTUS does not recommend continued use of a medication or therapy with documentation of efficacy. The continued use of tizanidine does not appear to be in accordance with MTUS guidelines.