

<b>Case Number:</b>	CM14-0014745		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	06/02/2009
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	01/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/05/2014

### 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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain 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:

The patient is a 61-year-old female with a 6/9/09 date of injury; she was involved in a motor vehicle accident. A 12/5/2013 note described ongoing thoracic pain and cervical pain rated 6/10. A trial of Nucynta IR 75 mg to replace Percocet, a trial of Lorzon, and the continuation of Zanaflex were recommended. A 2/11/14 note described failure of a recent RFA. The patient utilizes Endocet 10/325 mg, Lorzone 750 mg, gabapentin 300 mg, tizanidine 4 mg, and Nucynta 150 mg. VAS score was 7/10. It was noted that Nucynta ER 150 mg tablets and Percocet 10/325 mg tablet were prescribed by another physician. It was noted that while medications were denied for two months, including Nucynta, a prescription for Percocet was provided. Diagnoses include thoracic spondylosis, thoracic disc degeneration, postlaminectomy syndrome in the cervical spine, pain in the thoracic spine, and myalgia and myositis. Treatment to date has included C4-5 and C5-6 anterior cervical fusion in 2010, medications, diagnostics, and injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NUCYNTA 75MG QUANTITY: 60:** 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.

**Decision rationale:** Nucynta (Tapentadol) is recommended as second-line therapy for patients who develop intolerable adverse effects with first-line opioids. The patient is already prescribed Nucynta ER 150 mg; in combination with Nucynta 75 mg #60, this would exceed guideline recommended 120 mg per day morphine equivalency. These issues have not been discussed. In addition, it was noted that the patient is being prescribed opioids also by another provider. It is not entirely clear why there are multiple opioid prescribing physicians. The only documented failed medications are Lyrica and Celebrex. As such, the request is not medically necessary.

**LORZONE 750MG QUANTITY: 60:** Upheld

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

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

**Decision rationale:** Although progress notes described muscle spasms, the patient is already prescribed Zanaflex. The treatment plan on 12/5/13 documented a trial of Lorzone and recommended to continue Zanaflex. It is unclear why the patient requires two muscle relaxants. In addition, the California MTUS Chronic Pain Medical Treatment Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short-term treatment of acute exacerbations. The patient has a 2009 date of injury, and duration of muscle relaxant use has not been discussed. Guidelines do not support chronic pain management utilizing muscle relaxants. As such, the request is not medically necessary.