

Case Number:	CM14-0017167		
Date Assigned:	04/14/2014	Date of Injury:	08/16/2006
Decision Date:	06/02/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/11/2014

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 Family Practice, has a subspecialty in Preventative 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:

30 yr. old claimant sustained a work injury on 8/17/06 resulting in chronic back pain. The claimant had undergone L4-5 fusion and pedicle screw fixation. An exam note on 12/5/13 indicated the claimant had 8/10 back pain radiating to the legs and calf. He was taking Nucynta for pain control, Zanaflex and Flexeril for muscle relaxation. He had been on that medication for over 4 months. His physical exam was not noted and he was given the above medications with the addition of Ultram 50 mg daily #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

ZANAFLEX 4MG, #30 WITH 3 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Sedating Muscle Relaxants Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 65-66.

Decision rationale: In this case, the claimant had been on Zanaflex for several months and it had been combines with another muscle relaxant- Flexeril. These medications are 2nd line options and for short term use. The claimant had been using the medications for several months and there

is no documentation of failure of 1st line therap. Continued use of Zanaflex is not medically necessary.

ULTRAM 50MG, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids- Criteria For Use Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ramadol Page(s): 93-94.

Decision rationale: In this case, there were no exam findings to support radicular symptoms. In addition, failure of 1st line therapy was no noted. The claimant had been given a 3 month supply in advance without monitoring response. The use of Ultram is not medically necessary.

NUCYNTA ER 50MG, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids- Criteria For Use Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-92.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that opioids for chronic back pain appear to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. There is no evidence to recommend one opioid over another. In this case, the claimant had been on Nucynta for over 16 weeks with no improvement in pain score. In addition, the medical records provided for review do not document a response to the medication. Therefore, the requested Nucynta ER 50mg, #90 is not medically necessary.