

<b>Case Number:</b>	CM14-0167288		
<b>Date Assigned:</b>	10/14/2014	<b>Date of Injury:</b>	12/11/2001
<b>Decision Date:</b>	11/19/2014	<b>UR Denial Date:</b>	10/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2014

### 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 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:

Patient is a 45 year-old male with date of injury 12/11/2001. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 09/17/2014, lists subjective complaints as low back pain with radicular symptoms down both legs. Patient is status post posterior lumbar interbody fusion of L4-5 and L5-S1. Objective findings: Examination of the lumbar spine revealed restricted range of motion, with flexion at 30 degrees, extension at 10 degrees, and bending to the right and left at 15 degrees. Tenderness over the paraspinal muscles with spasm. Hypoesthesia was noted at the anterolateral aspect of the foot and ankle of an incomplete nature. Straight leg raising test was positive bilaterally. Joint facet tenderness was noted bilaterally. Diagnosis: 1. Status post anterior lumbar fusion 2. Status post hardware removal 3. Failed low back syndrome 4. Blurred vision 5. Sexual dysfunction 6. Cervical disc lesions 7. Headaches 8. Right knee internal derangement 9. Right inguinal hernia. The medical records supplied for review document that the patient has been taking the following medications for at least as far back as three months. Medications: 1. Nucynta ER 50mg, #60 SIG: 1 PO Q 12hr 2. Zanaflex 4mg, #60 SIG: 1 PO BID.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nucynta ER 50mg #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, Pain Chapter, Nucynta.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Tapentadol (Nucynta®)

**Decision rationale:** According to the Official Disability Guidelines, Nucynta is recommended as second line therapy for patients who develop intolerable adverse effects with first line opioids. There is no documentation in the medical record that the patient had developed intolerable adverse effects to a first-line narcotic regimen. Nucynta ER 50mg #60 is not medically necessary.

**Zanaflex 4mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.25 Page(s): 63.

**Decision rationale:** Tizanidine or Zanaflex is a drug that is used as a muscle relaxant. The MTUS states that muscle relaxants are recommended with caution only on a short-term basis. The patient has been taking the muscle relaxant for an extended period of time, at least 3 months. Zanaflex 4mg #60 is not medically necessary.