

Case Number:	CM14-0023339		
Date Assigned:	02/26/2014	Date of Injury:	12/17/2002
Decision Date:	07/14/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	02/25/2014

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:

This is a 45-year-old male with a 12/17/02 date of injury. The mechanism of injury was not noted. In a progress report dated 1/10/14, the patient complained of back pain that radiated from the low back and down the bilateral legs. He reports that his pain level has decreased since his last visit and his medications are working well. His quality of sleep is fair with the help of Zanaflex. The patient has a global antalgic gait, and exam of the lumbar spine revealed loss of normal lordosis with straightening of the lumbar spine. Range of motion is restricted due to pain. The diagnostic impression was of lumbar spine degenerative disc disease and chronic back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

NUCYNTA 50MG QTY 240: 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. Tapentadol is a new centrally acting oral analgesic. It has two mechanisms of action, combining mu-opioid receptor agonism

and norepinephrine reuptake inhibition. Nucynta has the same pain-relieving benefits of OxyIR, as well as the same risks that come with any opioid, but shows a significant improvement in gastrointestinal tolerability compared with Oxycodone, so if patients on OxyIR complain of constipation, nausea, and/or vomiting, Nucynta might be recommended as a second-line choice. In the progress reports reviewed, there is no documentation as to the patient's intolerance to first-line opioids. In addition, the patient is also on Avinza, and since the patient is taking up to eight tablets of Nucynta daily (240 tablets per month), that is a MED of 206.8. Guidelines do not support a MED above 200 due to concerns regarding respiratory depression and excessive opiate use. Even with this high MED, there is no documentation of functional improvement or gains in activities of daily living. There is no documentation of lack of adverse side effects or aberrant behavior, no urine drug screens, CURES monitoring, or an opiate pain contract. As such, the request is not medically necessary.

ZANAFLEX 4MG QTY 240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state that Tizanidine is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity and off label use for low back pain. In addition, the MTUS also states that muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The patient reports improved quality of sleep from taking Zanaflex; however, Zanaflex is not recommended for use for treatment of insomnia. There is no discussion of other alternatives or discussion of proper sleep hygiene with this patient. As such, the request is not medically necessary.