

Case Number:	CM14-0030736		
Date Assigned:	06/20/2014	Date of Injury:	06/05/2007
Decision Date:	07/17/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/11/2014

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 Neurological Surgery, 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 injured worker is a 57-year-old injured on June 5, 2007. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated March 19, 2014, indicated that there were ongoing complaints of low back pain and right lower extremity pain. The injured employee rated the pain as 10/10 on the visual analog scale without medications and 6/10 on the visual analog scale with medications. The physical examination demonstrated there were muscle spasms in the lumbar spine paravertebral region and tenderness at the right knee. Range of motion of the right knee was decreased and painful. Diagnostic imaging studies objectified a 10 mm lesion on the talar dome, which appears to be an area of avascular necrosis. There were also mild marrow changes at the anterior process of the calcaneus, as well as degenerative hypertrophy of the talonavicular joint. Lower extremity nerve conduction studies were consistent with a demyelinating neuropathy without evidence of peripheral nerve entrapment or radiculopathy. Treatment planning involved a urine drug test as well as refills of an unnamed opioid medication, muscle relaxant and gabapentin. A request had been made for Nucynta, gabapentin and tizanidine and was not certified in the pre-authorization process on February 26, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 100 mg, sixty count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009), Opioids, long-term assessment Page(s): 88.

Decision rationale: Nucynta is a long acting extended release opioid. Despite the injured employee taking this medication in the past, there is no documentation of objective improvement with this medication to include pain relief, ability to return to work, and improvement to accomplish activities of daily living. Although the medical record, dated March 19, 2014, states reduction of pain from 10/10 to 6/10, it is unclear what medication that is attributed to. The request for Nucynta 100 mg, sixty count, is not medically necessary or appropriate.

Gabapentin 600 mg, sixty count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009), Antiepileptic drugs Page(s): 16.

Decision rationale: Gabapentin is an antiepileptic medication intended for the treatment of neuropathic pain. According to the medical records provided, there is no history of radicular symptoms or neuropathic pain. There is also a nerve conduction study that indicates that no radiculopathy is present. The records do not show that the injured employee has these symptoms to treat. The request for Gabapentin 600 mg, sixty count, is not medically necessary or appropriate.

Tizanidine HCL 4 mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009), Muscle relaxants for pain Page(s): 63.

Decision rationale: Tizanidine is a muscle relaxant intended for short term usage of muscle spasms and acute back pain. The previous utilization management review, dated February 26, 2014, stated that there was no mention of muscle spasms in the attached medical record. However, a more recent physical examination, dated March 19, 2014, did include a diagnosis of low back pain and did indicate the presence of muscle spasms in the lumbar spine. The request for tizanidine is medically necessary based on Chronic Pain Medical Treatment Guidelines.