

<b>Case Number:</b>	CM14-0056851		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	05/09/2012
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	03/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 31 year-old individual was reportedly injured on May 9, 2012. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated August 5, 2014, indicates that there are ongoing complaints of neck pain, headaches and upper back pain. The medication Duexis is noted not to be working. The physical examination demonstrated a 5'8", 105 pound individual who is hypertensive (141/99). There are radicular findings noted in the upper extremity, a decrease in cervical spine range of motion, and crepitation with motion of the cervical spine. Diagnostic imaging studies objectified a cervical disc lesion at 2 levels, a disc replacement surgery (C5-C6). Previous treatment includes cervical spine surgery, multiple medications, physical therapy, and pain management interventions. A request had been made for multiple medications and was not certified in the pre-authorization process on March 28, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nucynta ER 250mg #50:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 9792.26 MTUS (Effective July 18, 2009) Page 75 of 127 Page(s): 75 of 127.

**Decision rationale:** Nucynta (Tapentadol) is synthetically-derived centrally-acting oral analgesic. Because no metabolic activation appears to be necessary for analgesia and no active metabolites have been identified, Tapentadol may be a preferred analgesic in patients with mild hepatic or mild to moderate renal impairment; use is not recommended in patients with severe hepatic or renal dysfunction. The use of Tapentadol is supported by the Chronic Pain Medical Treatment Guidelines for a second line therapy for patients with intolerable adverse effects with first-line opioids. The literature also notes that when considering opioids for non-neuropathic pain, there should be documentation of discussion including the duration of treatment and plan for discontinuation. In the absence of sufficient clinical data supporting that this narcotic medication is being used within the guideline parameters set forth in the literature, tempered by the fact that there is no increase in functionality or decrease in symptomology. Therefore, based on the records presented for review, this request is not medically necessary.

**Percocet 10/325mg #100:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page 88 of 127 Page(s): 88 of 127.

**Decision rationale:** As outlined in the MTUS, this medication is noted to be an effective method for controlling chronic pain. However, the progress notes do not establish any efficacy or utility with uses medication as the pain complaints are unchanged, there is no noted increase in functionality, decrease in symptomology or the other parameters noting that this medication is having its intended effect. Therefore, based on the clinical information presented for review, the medical necessity for continued use of this preparation has not been established.

**Ambien 10mg #30:** 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 Zolpidem.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter updated July, 2014.

**Decision rationale:** This medication is not addressed in either the MTUS or ACOEM guidelines. The parameters noted in the ODG are used. As outlined in the literature, this is a short acting non-benzodiazepine hypnotic medication indicated for short-term use, generally no longer than 6 weeks to treat insomnia. The progress notes presented did not indicate the efficacy of this medication. With the understanding that proper sleep is crucial to management chronic pain, there needs to be objectification of the medication employed is having its intended effect. Seeing none, the medical necessity has not been established.

**Zanaflex 4mg #40: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS; (Effective July 18, 2009) antispasticity/Antispasmodic Drugs: Page 66 of 127 Page(s): 66 of 127.

**Decision rationale:** Zanaflex (Tizanidine) is a centrally acting alpha 2-adrenergic agonist that is FDA approved for management of spasticity. It is unlabeled for use in low back pain. Muscle relaxants are only indicated as 2nd line options for short-term treatment. It appears that this medication is being used on a chronic basis which is not supported by MTUS treatment guidelines. Furthermore, there is no indication that there is any resolution of the symptomology. Therefore, this medication is not medically necessary based on the records presented for review.

**Prozac 40mg #20: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SSRI's Page(s): 107.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 13-16 & 107 of 127.

**Decision rationale:** This medication is not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. Selective serotonin reuptake inhibitors (SSRIs), a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. As such, based on the limited clinical information presented for review, the efficacy and utility of this medication has not been established. Therefore, this request is not medically necessary.

**Bilateral Medial Branch blocks at C5,6,7 and T1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Neck and upper back.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PRF Page(s): 102/127.

**Decision rationale:** As outlined in the guidelines, there is no specific recommendation for or against this medial branch block treatment of selected patients. However, there is a limitation to lumbar levels this should address. Furthermore, when noting the surgery completed, the ongoing complaints there is a lack of objectification that the facet joints of the pain generator. As such, the medical necessity of this multiple level injection therapy has not been established.

