

Case Number:	CM14-0189132		
Date Assigned:	11/20/2014	Date of Injury:	11/09/2007
Decision Date:	01/08/2015	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	11/12/2014

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 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 patient is a 53 year old male with date of injury 11/09/07. The treating physician report dated 10/29/14 (42) indicates that the patient presents with pain affecting the lower cervical area, upper thoracic area and lower back with radiation down the left lower extremity. Patient remains symptomatic with depression. The physical examination findings reveal the patient has diffuse bilateral cervical paraspinous tenderness with mid line tenderness over the lower cervical region and upper thoracic area as well as palpable muscle spasms. Range of motion testing of the cervical spine showed flexion is 40 degrees, extension is 30 degrees, right rotation is 50 degrees, and left rotation is 60 degrees. Prior treatment history includes physical therapy, MRI of the cervical spine, cervical fusion at C5-C6, prescribed medications and 4 of 8 sessions of the Transitional Step Down program. Current medications include: Morphine ER, Trazodone, Meloxicam, Tizanidine, Laxacin, Lexapro, Abilify, Clonazepam, Benztropine and Temazepam. MRI findings reveal cervical spondylosis and multi-level degenerative disc and joint disease. The current diagnoses are: 1. Multilevel cervical degenerative disc disease 2. Cervical radiculitis bilateral upper extremities 3. Cervicalgia 4. Cervical myofascial pain 5. Complex pain syndrome 6. Situational depression secondary to chronic pain syndrome. The utilization review report dated 10/14/14 denied the request for Trial MS ER 30 mg (1 q 8 hours for baseline plain relief #90), Tizanidine 4 mg #60, and Nucynta IR 75 mg #120 based on the requests not satisfying MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trial MS ER 30 mg (1 q 8 hours for baseline plain relief #90): Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The patient presents with pain affecting the lower cervical area, upper thoracic area and lower back with radiation down the left lower extremity 7 years post injury and 5 years post cervical spine fusion. The current request is for Trial MS ER 30 mg (1 q 8 hours for baseline plain relief #90). California Medical Treatment Utilization Schedule (MTUS) does recommend MS Contin ER for patients with chronic pain who are in need of continuous treatment. MTUS pages 88 and 89 states "document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). The treating physician's report dated 10/29/14 notes that patients pain level was 3-4/10 with the current use of medication and 7-8/10 without. The patient also notes up to 50% improvement in symptoms with the use of his current medication regimen. He also notes improved abilities in ADL's including household chores, exercise, cooking and shopping. The patient also notes improved ability to stand and walk for longer distances. The treating physician states that the patient is not suffering any intolerable side effects nor does he show any evidence of drug seeking behavior. Furthermore the patient has an improved ability to continue participating in the step-down transitional program. In this case the treating physician has addressed and documented the 4 A's and has noted that the patient has responded well to Morphine ER, which in turn has allowed the patient to wean off of Nucynta and reduce the dose of Trazodone. The requested treatment is medically necessary and appropriate.

Tizanidine 4 mg #60: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient presents with pain affecting the lower cervical area, upper thoracic area and lower back with radiation down the left lower extremity 7 years post injury and 5 years post cervical spine fusion. The current request is for Tizanidine 4 mg #60. California Medical Treatment Utilization Schedule (MTUS) page 63 states the following about muscle relaxants, "Recommend non-sedating muscle relaxants with caution as a second-line short term treatment of acute exacerbations in patients with chronic low back pain (LBP)." California

MTUS guidelines page 66 recommend Tizanidine for "management of spasticity; unlabeled use for low back pain. One study (conducted only in females) demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and the authors recommend its use as a first line option to treat myofascial pain." In this case the treating physician has diagnosed the patient with cervical myofascial pain with spasms present and feels that the patient would benefit from the use of Tizanidine. The physician has documented that the patient has pain relief and functional improvements with medication usage as required by MTUS page 60. The requested treatment is medically necessary and appropriate.

Nucynta IR 75 mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96.

Decision rationale: The patient presents with pain affecting the lower cervical area, upper thoracic area and lower back with radiation down the left lower extremity 7 years post injury and 5 years post cervical spine fusion. The current request is for Nucynta IR 75 mg #120. MTUS pages 88 and 89 states "document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior).). The treating physician's report dated 10/29/14 notes that patients pain level was 3-4/10 with the current use of medication and 7-8/10 without. The patient also notes up to 50% improvement in symptoms with the use of his current medication regimen. He also notes improved abilities in ADL's including household chores, exercise, cooking and shopping. The patient also notes improved ability to stand and walk for longer distances. The treating physician states that the patient is not suffering any intolerable side effects nor does he show any evidence of drug seeking behavior. All of these improvements have occurred after the patient was weaned off of Nucynta as part of the transitional step-down program. The patient is now on MS Contin ER and the treating physician feels that the patient would no longer benefit from the use of Nucynta. The requested treatment is not medically necessary and appropriate.