

Case Number:	CM15-0202193		
Date Assigned:	10/19/2015	Date of Injury:	05/05/2013
Decision Date:	12/02/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	10/14/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 39 year old male, who sustained an industrial injury on May 5, 2013. He reported pain and swelling in his shoulders and forearms. The injured worker was currently diagnosed as having pain in unspecified shoulder. Treatment to date has included diagnostic studies, surgery, physical therapy, massage, cortisone injections without benefit, transcutaneous electrical nerve stimulation unit and medication. He stated that physical therapy and massage did not alleviate the pain but he would like to try it again. He was noted to try Flexeril for muscle spasms with no relief. On October 1, 2015, the injured worker complained of bilateral shoulder pain. His pain level was noted to be increased since his last exam visit. He rated his pain as an 8 on a 1-10 pain scale with medications and as a 9 on the pain scale without medications. He stated that muscle spasm was "moderately" controlled with Zanaflex and he would like an increase in the pain medication. On the day of exam, his current medications included Zanaflex, Nucynta and Advil. The treatment plan included continuation of Nucynta, continuation of Zanaflex, MRI of the right shoulder, orthopedic consultation, urine drug screen, physical therapy and a follow-up visit. On October 13, 2015, utilization review denied a request for Nucynta 50mg #180 and Zanaflex 4mg #90. Notes stated that due to the nature of this drug, weaning is recommended and a one month supply will be allowed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 50mg #180: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The current request is for NUCYNTA 50MG #180. The RFA is dated 10/06/15. Treatment to date has included diagnostic studies, shoulder surgery (09/05/14), physical therapy, massage therapy, cortisone injections, transcutaneous electrical nerve stimulation unit and medications. The patient is working full-time. MTUS, CRITERIA FOR USE OF OPIOIDS Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, CRITERIA FOR USE OF OPIOIDS Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, CRITERIA FOR USE OF OPIOIDS Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, MEDICATIONS FOR CHRONIC PAIN Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." Per report 10/01/15, the patient presents with bilateral shoulder pain. He rated his pain as 8 on a 1-10 pain scale with medications and 9 on the pain scale without medications. Current medications included Zanaflex, Nucynta and Advil. The treater recommended the patient continue with Nucynta. UDS was performed on 06/11/15, and CURES report was reviewed on 06/11/15 with no aberrant behavior noted. The patient reported no side effects with medications. The patient has failed Norco with noted side effects, and has been managing his pain with the use of Nucynta. Although there is only a mild decrease in pain level noted, the patient is able to continue working full-time with the use of his medications. In this case, the 4A's have been addressed, adequate documentation has been provided including numeric scales and functional measures that show significant improvement. The request appears to be in accordance with guidelines. Therefore, this request IS medically necessary.

Zanaflex 4mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: The current request is for ZANAFLEX 4MG #90. The RFA is dated 10/06/15. Treatment to date has included diagnostic studies, shoulder surgery (09/05/14), physical therapy, massage therapy, cortisone injections, transcutaneous electrical nerve stimulation unit and medications. The patient is working full-time. MTUS Guidelines, Muscle Relaxants for pain section, pg 66 states the following: Tizanidine is a centrally acting alpha₂ adrenergic agonist that is FDA approved 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 recommended its use as a first line option to treat myofascial pain. "MTUS Guidelines, Medications for chronic pain section, pg 60 also states: A record of pain and function with the medication should be recorded, when medications are used for chronic pain. Per report 10/01/15, the patient presents with bilateral shoulder pain. He rated his pain as 8 on a 1-10 pain scale with medications and 9 on the pain scale without medications. The patient stated that his muscle spasms were "moderately" controlled with Zanaflex. Current medications included Zanaflex, Nucynta and Advil. The treater states that the patient tried Flexeril with no relief. The patient was instructed to continue Zanaflex TID as needed for muscle spasms. The patient has reported that Zanaflex provided moderate control of the muscle spasms. He is also able to continue working full-time with the use of his medications. Given the documentation of medication efficacy, the continued use of Zanaflex is supported. This request IS medically necessary.