

Case Number:	CM15-0026954		
Date Assigned:	02/19/2015	Date of Injury:	03/27/2008
Decision Date:	04/15/2015	UR Denial Date:	01/19/2015
Priority:	Standard	Application Received:	02/12/2015

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: Internal Medicine

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 55 year old male sustained a work related injury on 03/27/2008. According to a progress report dated 12/22/2014, the injured worker reported that low back pain had been more stiff due to the cold weather and that his current medication regimen was providing adequate relief and allowing improved activity levels on most days. Increased activity would exacerbate his pain. Current medications included Cymbalta, Flexeril and Nucynta. Physical examination noted loss of lumbar lordosis and mild vertebral spine tenderness on lumbar/sacral junction. Paravertebral spasm was noted. There was leg length discrepancy and deferred heel and toe walk due to pain. The provider's assessment was noted as lumbar/sacral radiculopathy, discrepancy leg length and spondylosis lumbosacral. On 01/19/2015, Utilization Review non-certified Nucynta 100mg #90 1 tab every 6-8 hours and Zanaflex 4mg #180 2 tabs every 8 hours. According to the Utilization Review physician, in regard to Nucynta, it may be recommended as a second line therapy for patients who develop intolerable adverse effects with first line opioids. The medical records did not establish that the injured worker had developed intolerable adverse effects with first line opioids. The medical records did not establish functional improvement as a result of the current regimen. Official Disability Guidelines were referenced. In regard to Zanaflex, the injured worker had been on a muscle relaxant on chronic basis. The medical records did not establish that the injured worker had been having an acute exacerbation of chronic low back pain. CA MTUS Chronic Pain Medical Treatment Guidelines, CA MTUS ACOEM Practice Guidelines page 47, and Official Disability Guidelines were referenced. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 100mg #90, 1 tab every 6-8 hours: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Tapentadol.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page 74-96.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (page 89) present the strategy for maintenance for long-term users of opioids. "Do not attempt to lower the dose if it is working." Supplemental doses of breakthrough medication may be required for incidental pain, end-of dose pain, and pain that occurs with predictable situations. The standard increase in dose is 25 to 50% for mild pain and 50 to 100% for severe pain. Actual maximum safe dose will be patient-specific and dependent on current and previous opioid exposure, as well as on whether the patient is using such medications chronically. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug-related behaviors. These domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. Medical records documented a history lumbosacral radiculopathy, low back pain, lower extremity pain, and shoulder arthroscopic surgery. Lumbar MRI magnetic resonance imaging dated 12/19/11 documented right foraminal disc protrusions at L4-L5 and L5-S1 causing foraminal narrowing. Analgesia, activities of daily living, adverse side effects, and aberrant behaviors were addressed. Medical records document objective physical examination findings. Medical records document regular physician clinical evaluations and monitoring. The request for Nucynta is supported by the MTUS guidelines. Therefore, the request for Nucynta is medically necessary.

Zanaflex 4mg #180, 2 tabs every 8 hours: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Muscle Relaxants, page 63-66.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) address muscle relaxants. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) states that muscle relaxants seem no more effective than NSAIDs for treating patients with

musculoskeletal problems, and using them in combination with NSAIDs has no demonstrated benefit. Muscle relaxants may hinder return to function by reducing the patient's motivation or ability to increase activity. Table 3-1 states that muscle relaxants are not recommended. Chronic Pain Medical Treatment Guidelines (Page 63-66) addresses muscle relaxants. Muscle relaxants should be used with caution as a second-line option for short-term treatment. Zanaflex (Tizanidine) is associated with hepatotoxicity. Liver function tests (LFT) should be monitored. Medical records document the long-term use of muscle relaxants. MTUS guidelines do not support the long-term use of muscle relaxants. ACOEM guidelines do not recommend long-term use of muscle relaxants. The request for Zanaflex is not supported by MTUS and ACOEM guidelines. Therefore, the request for Zanaflex is not medically necessary.