

Case Number:	CM14-0210284		
Date Assigned:	12/23/2014	Date of Injury:	07/17/2002
Decision Date:	02/19/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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 & Rehabn

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 72 year old male with an injury date on 07/17/2002. Based on the 11/12/2014 progress report provided by the treating physician, the diagnoses are:1. Flare up of back pain with radicular symptoms, right leg, with neuropathic component of pain and burning nature. MRI revealing disc herniation at L5-S1 with severe spondylitic change with facet overgrowth with neuroforaminal compromise.2. Right knee pain. History of arthroscopy of the right knee with severe DJD of the knee joint and patellofemoral syndrome.3. Obesity, exacerbating knee and back pain.4. Coronary artery disease, status post stent placement, hypertension, hyperlipidemia, all nonindustrial. According to this report, the patient complains of "back pain is just killing him. He states he is getting severe stabbing pain in his back. It radiates into his right leg. He states the medication works well for him." Physical exam reveals "very limited" lumbar range of motion. Straight leg raise test is positive, bilaterally at 80 degrees. Loss of sensation is to light touch and pinprick is noted at the right lateral calf and bottom of his foot. Deep tendon reflexes are +1 at the knees and ankles. Exam of the knee reveals crepitus with passive range of motion. Active range 110 degrees, extends 0 degrees. Patella compression is positive. Treatment to date includes "IM injection of Toradol 60 mg to the right gluteal region, epidural injection, and TENS unit. The 10/16/2014 report, the patient indicates after the epidural injection, he was able to "resume his exercise regimen." The treatment plan is to refill medications. The patient's work status "does not work." There were no other significant findings noted on this report. The utilization review denied the request for Zanaflex #60, and Nucynta #140 on 11/26/2014 based

on the MTUS guidelines. The requesting physician provided treatment reports from 01/15/2013 to 11/12/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 6mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants; Antispasticity/Antispasmodic drugs Page(s): 63-64, 66.

Decision rationale: According to the 11/12/2014 report, this patient presents with killing back pain and is getting severe stabbing pain in his back. The current request is for Zanaflex 6mg #60. This medication was first mentioned in the 01/28/2013 report; it is unknown exactly when the patient initially started taking this medication. MTUS guidelines do support Zanaflex for chronic low back pain, myofascial pain and fibromyalgia pains. In reviewing the provided reports, the treating physician document that the patient states "the medication works well for him. He reports reduction in his pain by at least 50% and 50% functional improvement with activities of daily living with medication versus not taking them at all." In this case, the patient does have chronic pain that is reduced with Zanaflex usage, however the MTUS guidelines for muscle relaxers only allow a short course of treatment (2-3 weeks) for acute muscle spasms. The documentation provided indicates that this prescription is for long term use and that is not supported by MTUS. The current request is not medically necessary and the recommendation is for denial.

Nucynta 400mg #140: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain-Long term use of opioids

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; CRITERIA FOR USE OF OPIOIDS Page(s): 60-61, 76-78, 88-89.

Decision rationale: According to the 11/12/2014 report, this patient presents with killing back pain and is getting severe stabbing pain in his back. The current request is for Nucynta 400mg #140. This medication was first mentioned in this report; however, other opiate medication was first noted in the 01/28/2013 report. For chronic opiate use, MTUS Guidelines 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 page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and aberrant 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. Per treating physician, the patient states "the medication works well for him. He reports reduction in his pain by at least 50% and 50% functional improvement with activities of daily living with medication versus not taking them at all." Pain is rated as a 9/10 today, at best a 4/10 with the medications, a 10/10 with them." Urine drug screen have been appropriate. In reviewing the provided reports, there is documentation of pain assessment using a numerical scale describing the patient's pain. However, there is no documentation provided discussing the ADL's or aberrant drug seeking behavior. The treating physician has failed to clearly document the 4 A's (analgesia, ADL's, adverse side effects, adverse behavior) as required by the MTUS. Therefore, the request IS NOT medically necessary.