

Case Number:	CM14-0216456		
Date Assigned:	01/06/2015	Date of Injury:	12/14/2010
Decision Date:	02/28/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/24/2014

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 is a 63 year old male who suffered an industrial related injury on 12/14/10 after a motor vehicle accident. Diagnoses included cervicalgia, and degenerative cervical intervertebral disc disease. Per the doctor's note dated 11/10/2014, he had complaints of tightness in the neck and left shoulder with occasional right shoulder pain, The physical examination revealed tenderness over the levator scapule and rhomboid on the right side. A physician's report dated 10/27/14 noted the injured worker had chronic neck pain with radiation into the shoulder with headache and numbness in the left shoulder. Physical examination revealed decreased cervical range of motion and paracervical and occiput trigger points with tenderness, lumbar paralumbar muscle spasms and decreased lumbar spine range of motion. The injured worker was taking Percocet, Meloxicam, and Baclofen. On 8/1/12 the injured worker underwent C2-C5 cervical fusion. He participated in physical therapy post-operatively that was noted to have provided benefit. On 11/25/14 the utilization review (UR) physician modified the request for Zanaflex 4mg #60 and Nucynta ER 100mg. The UR physician noted there was no documentation of significant changes in the visual analog scale score or objective examples of functional improvement noted with the continued use of the requested medications therefore the requests were modified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg, #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs Page(s): 64, 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTISPASTICITY/ANTISPASMODIC DRUGS: Tizanidine (Zanaflex) Page(s): page 66.

Decision rationale: Request: Q-1-Zanaflex 4mg, #60 According to MTUS guidelines Tizanidine (Zanaflex, generic available) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. Eight studies have demonstrated efficacy for low back pain. (Chou, 2007) 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. May also provide benefit as an adjunct treatment for fibromyalgia. The patient has chronic neck and shoulder pain and tightness. He has trigger points and muscle spasms on exam. He has a history of cervical fusion surgery. Tizanidine is recommended for chronic myofascial pain. Tizanidine is recommended for chronic myofascial pain. The Zanaflex 4mg, #60 is deemed medically appropriate and necessary for this patient.

Nucynta ER 100mg (1 at bedtime): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain (updated 10/30/14) Tapentadol (Nucynta)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter: Pain (updated 02/10/15) Tapentadol (Nucynta)

Decision rationale: Request: Q-2-Nucynta ER 100mg (1 at bedtime) California MTUS does not specifically address Nucynta. Nucynta (tapentadol) is a centrally acting opioid agonist similar to tramadol. Per the ODG cited above. Tapentadol was efficacious and provided efficacy that was similar to oxycodone for the management of chronic osteoarthritis knee and low back pain, with a superior gastrointestinal tolerability profile and fewer treatment discontinuations. (Afilalo, 2010) (Buynak, 2010) (Lange, 2010) On November 21, 2008, the FDA approved tapentadol immediate-release tablets for relief of moderate to severe acute pain. Nucynta has the same pain-relieving benefits of OxyIR, as well as the same risks that come with any opioid, but shows a significant improvement in gastrointestinal tolerability compared with oxycodone. Nucynta was already approved for acute pain. (FDA, 2011). According to the records provided patient had neck and shoulder pain with history of cervical fusion surgery. He has trigger points and muscle spasms on exam. He has decreased range of motion of the cervical and lumbar spine. The pt has chronic pain with significant abnormal objective findings. The chronic pain is prone to intermittent exacerbations. A request for Nucynta ER 100mg (1 at bedtime) is medically appropriate and necessary for this patient at this juncture for chronic pain as well as for use during acute exacerbations.

