

<b>Case Number:</b>	CM15-0010159		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	12/14/2010
<b>Decision Date:</b>	03/19/2015	<b>UR Denial Date:</b>	12/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2015

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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:

The injured worker is a 63 year old male, who sustained an industrial injury on 12/14/2010. The diagnoses have included cervicalgia, intervertebral cervical disc myelopathy, and degenerative cervical intervertebral disc. Noted treatments to date have included medications. Diagnostics to date have included urine drug screen on 10/27/2014 were consistent. In a progress note dated 12/08/2014, the injured worker presented with complaints of continued neck pain. The treating physician reported the injured worker complaints of poor sleep quality due to pain and is not using a sleep aid. Utilization Review determination on 12/16/2014 non-certified the request for Nucynta ER 100mg QS (at bedtime) #30 and Zanaflex 4mg 1-2 po (by mouth) Qhs (at bedtime) #60 citing Medical Treatment Utilization Schedule and Official Disability Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zanaflex 4mg, 1-2 PO Qhs #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, Weaning of Medications Page(s): page(s) 63-66, page 124.

**Decision rationale:** Zanaflex (tizanidine) is a medication in the antispasmodic class of muscle relaxants. The MTUS Guidelines support the use of muscle relaxants with caution as a second-line option for short-term use in the treatment of a recent flare-up of long-standing lower back pain. Some literature suggests these medications may be effective in decreasing pain and muscle tension and in increasing mobility, although efficacy decreases over time. In most situations, however, using these medications does not add additional benefit over the use of non-steroidal anti-inflammatory drugs (NSAIDs), nor do they add additional benefit in combination with NSAIDs. Negative side effects, such as sedation, can interfere with the worker's function, and prolonged use can lead to dependence. The submitted and reviewed documentation concluded the worker was experiencing neck pain, headaches, ringing in the ears, and sleep problems. These records reported the worker had been taking this medication for at least several months. There was no suggestion the worker was having flare of lower back pain or discussion detailing extenuating circumstances supporting its continued use long-term. In the absence of such evidence, the current request for sixty tablets of Zanaflex (tizanidine) 4mg take one to two tablets orally before bedtime is not medically necessary. Because the potentially serious risks outweigh the benefits in this situation based on the submitted documentation, an individualized taper should be able to be completed with the medication the worker has available.

**Nucynta ER 100mg QS #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (updated 11/21/14)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications Page(s): page(s) 74-95; page 124.

**Decision rationale:** Nucynta-ER (long-acting tapentadol) is a medication in the opioid class. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. The Guidelines recommend that the total opioid daily dose should be lower than 120mg oral morphine equivalents. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, and the length of time the pain relief lasts. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. When these criteria are not met, a slow individualized taper of medication is recommended to avoid withdrawal symptoms. The submitted documentation concluded the worker was experiencing neck pain, headaches, ringing in the ears, and sleep problems. The documented pain assessments were minimal and did not include many of the elements recommended by the Guidelines, such as an individualized risk

assessment. In the absence of such evidence, the current request for thirty tablets of Nucynta-ER (long-acting tapentadol) 100mg taken before bedtime is not medically necessary.