

Case Number:	CM15-0016295		
Date Assigned:	02/04/2015	Date of Injury:	04/14/2003
Decision Date:	03/30/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/28/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 64 year old female with an industrial injury dated 04/14/2008. Her diagnoses include lumbar strain/sprain, and lumbar degenerative disc/joint disease. Recent diagnostic testing was not submitted or discussed. She has been treated with medications, conservative care, and exercise. In a progress note dated 12/16/2014, the treating physician reports stabbing pain in the left side of back with radiation into the left leg with cramping, and a decreased in pain by 50% with an increase in functional improvement by 50%. The objective examination revealed palpable muscle spasms in the lumbar region, restricted range of motion, painful straight leg raises, altered sensory loss in the left calf and bottom of foot, diffuse atrophy in the left thigh and calf, decreased deep tendon reflexes, and good strength bilaterally. The treating physician is requesting medications which were modified by the utilization review. On 01/05/2015, Utilization Review modified a prescription for Nucynta 50mg #120 to the approval of Nucynta 50mg #90, noting the lack of documented objective functional improvement, and the absence of urine drug testing results with the recommendation for weaning. The MTUS ACOEM ODG Guidelines were cited. On 01/05/2015, Utilization Review modified a prescription for Zanaflex 6mg #60 to the approval of Zanaflex 6mg #30, noting the lack of recommendation for long term use and lack of objective findings of functional improvement with a recommendation for weaning. The MTUS ACOEM ODG Guidelines were cited. On 01/28/2015, the injured worker submitted an application for IMR for review of Nucynta 50mg #120 and Zanaflex 6mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 50 MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

Decision rationale: The injured worker sustained a work related injury on 04/14/2008 . The medical records provided indicate the diagnosis of lumbar strain/sprain, and lumbar degenerative disc/joint disease. Recent diagnostic testing was not submitted or discussed. She has been treated with medications, conservative care, and exercise. The medical records provided for review do not indicate a medical necessity for Nucynta 50 MG #120. The records indicate the injured worker has been using Nucynta (Tapentadol, an opioid) since 2013 without documented evidence of overall improvement in pain and function: although the injured worker reported 50% improvement with pain following the use of the medication, the severity of the pain has remained the same through the period, and she has remained off work. Furthermore, the MTUS does not recommend long term use of opioids for chronic pain since the research for opioid treatment of chronic pain has been limited to 70 days.

Zanaflex 6 MG #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 (for pain) Page(s): 63-66.

Decision rationale: The injured worker sustained a work related injury on 04/14/2008 . The medical records provided indicate the diagnosis of lumbar strain/sprain, and lumbar degenerative disc/joint disease. Recent diagnostic testing was not submitted or discussed. She has been treated with medications, conservative care, and exercise. The medical records provided for review do not indicate a medical necessity for Zanaflex 6 MG #60. The records indicate the injured worker has been using this medication for at least eight months without documented evidence of liver function monitoring The MTUS recommends against long term use of muscle relaxants due to waning effects and increasing side effects. Also, the MTUS recommends that individuals on Zanaflex (Tizanidine) be tested for liver function test at baseline, 1, 3, and 6 months due to the potential risk of liver damage.