

<b>Case Number:</b>	CM15-0064192		
<b>Date Assigned:</b>	04/10/2015	<b>Date of Injury:</b>	12/14/2010
<b>Decision Date:</b>	06/04/2015	<b>UR Denial Date:</b>	03/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2015

### 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: Florida

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:

The injured worker is a 63 year old male, who sustained an industrial injury on December 14, 2010. He reported severe neck pain and some hand/arm symptoms to the right after being rear ended by another truck. The injured worker was diagnosed as having chronic neck pain, cervical spondylosis, cervicogenic headache, myofascial pain/spasm, multiple level degenerative disc disease, lumbar spondylosis, severe spinal stenosis symptoms and poor sleep hygiene due to pain. Treatment to date has included surgery, medications, diagnostic studies, physical therapy and injection. On March 30, 2015, the injured worker noted no significant changes in his neck, left shoulder and headache pain. The headaches are almost daily, his pain was noted to be constant and his sleep quality is poor. He rated his pain as a 5-7 on a 1-10 pain scale. The treatment plan included medications, follow-up visit, procedure for neck pain, urine drug testing and home exercise/physical therapy.

### 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 Tizanidine Page(s): 66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs, page(s) 100, 97.

**Decision rationale:** In accordance with the California MTUS guidelines, Zanaflex is a muscle relaxant and muscle relaxants are not recommended for the treatment of chronic pain. From the MTUS guidelines: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence." Likewise, this request for Zanaflex is not medically necessary.

**Nucynta ER 100mg qhs #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, Tapentadol (Nucynta).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 110-115.

**Decision rationale:** In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if "(a) If the patient has returned to work, (b) If the patient has improved functioning and pain." MTUS guidelines also recommend that narcotic medications only be prescribed for chronic pain when there is evidence of a pain management contract being upheld with proof of frequent urine drug screens. Regarding this patient's case, there is no objective evidence of improved functioning. Likewise, this request is not considered medically necessary.