

Case Number:	CM13-0066478		
Date Assigned:	05/07/2014	Date of Injury:	01/01/2007
Decision Date:	06/09/2014	UR Denial Date:	12/07/2013
Priority:	Standard	Application Received:	12/16/2013

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. The expert reviewer is Board Certified in Internal Medicine and Emergency Medicine and is licensed to practice in Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 58 year-old with a date of injury of 01/01/07. A progress report associated with the request for services, dated 11/15/13, identified subjective complaints of neck pain radiating into the shoulders. Objective findings included tenderness of the cervical spine and pain with range-of-motion. Motor function was normal and reflexes symmetric. There was a slight decrease in sensation on the right side. Diagnoses included cervical disc disease. Treatment has included acupuncture, massage, TENS, and medications. She had a cervical fusion in 2011. A Utilization Review determination was rendered on 12/07/13 recommending non-certification of "morphine ER 15mg #120; Robaxin 750mg #180; and TENS unit for permanent home use".

IMR ISSUES, DECISIONS AND RATIONALES

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

MORPHINE ER 15MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioids for Chronic Pain.

Decision rationale: Morphine ER is a sustained-release oral formulation of morphine. The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Guidelines related to on-going treatment of opioids state that there should be documentation and ongoing review of pain relief, functional status, appropriate use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid state that there should be documentation and ongoing review of pain relief, functional status, appropriate use, and side effects. The guidelines note that a recent epidemiologic study found that opioid treatment for chronic non-malignant pain did not seem to fulfill any of the key outcome goals including pain relief, improved quality of life, and/or improved functional capacity (Eriksen 2006). The Chronic Pain Guidelines also state that with chronic low back pain, opioid therapy "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (> 16 weeks), but also appears limited." Additionally, "There is also no evidence that opioids showed long-term benefit or improvement in function when used as treatment for chronic back pain (Martell - Annals, 2007)." Guidelines further state that opiate therapy is not recommended beyond two weeks for the neck and oral morphine is not recommended as primary treatment for persistent pain. The Official Disability Guidelines (ODG) state: "While long-term opioid therapy may benefit some patients with severe suffering that has been refractory to other medical and psychological treatments, it is not generally effective achieving the original goals of complete pain relief and functional restoration." Therapy with opioids has been ongoing and in excess of 16 weeks, and long-term therapy is not recommended. The documentation submitted lacked a number of the elements listed above, including the level of functional improvement afforded by the chronic opioid therapy. Therefore, the record does not demonstrate medical necessity for morphine ER.

ROBAXIN 750MG #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (For Pain)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Page(s): 63-66.

Decision rationale: Robaxin (methocarbamol) is an antispasmodic muscle relaxant whose mechanism of action is unknown. The Medical Treatment Utilization Schedule (MTUS) states that muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations of low back pain. They note that in most low-back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Likewise, the efficacy diminishes over time. The record does not show any indications for methocarbamol beyond a short course. Therefore, in this case, the medical record does not document the medical necessity for Robaxin.

TENS UNIT FOR PERMANENT HOME USE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tens, Chronic Pain (Transcutaneous Electrical Nerve Stimulation)..

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181,Chronic Pain Treatment Guidelines Tens, Chronic Pain (Transcutaneous Electrical Nerve Stimulation)..

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) states that TENS is not recommended for the neck & upper back. For other conditions, a one month trial is considered appropriate if used as an adjunct to an evidence-based program of functional restoration. The recommended types of pain include Neuropathic pain, CRPS I and II, Phantom limb pain, Spasticity, Multiple sclerosis. For chronic intractable pain from these conditions, the following criteria must be met Documentation of pain for at least three months duration, Evidence that other appropriate pain modalities have been tried (including medication) and failed, A one-month trial period of the TENS unit should be documented with documentation of how often it was used, as well as the outcomes in terms of pain relief and function, Other ongoing pain treatment should also be documented during the trial period including medication usage, A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. In this case, the TENS unit is being requested for a type of pain not specified as indicated for treatment. TENS is not recommended for the neck and upper back. Also, the multiple criteria noted above have not been met. Therefore, there is no documented medical necessity for a TENS unit.