

Case Number:	CM14-0035215		
Date Assigned:	06/23/2014	Date of Injury:	01/21/1998
Decision Date:	08/11/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/21/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California. 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:

According to the records made available for review, this is a 58-year-old male with a 1/21/98 date of injury, and status post C3-5 fusion, status post L3-5 discectomy, and status post right hip replacement 12/18/12. At the time (2/28/14) of request for authorization for Kadian 60 mg x 2 months and Zanaflex 4 mg x 2 months. There is documentation of subjective (low back and bilateral leg pain, neck pain and right upper extremity numbness and tingling) and objective (tenderness to palpation over right cervical paraspinals and trapezius, limited cervical and lumbar range of motion, decreased sensation over L3 and L4 dermatomes) findings. Current diagnoses are (chronic pain syndrome, lumbar postlaminectomy syndrome, lumbar radiculitis, cervical post laminectomy syndrome, cervical radiculitis, opioid dependence, constipation, and myalgia), and treatment to date (spinal cord stimulation, epidural steroid injection, medications (including Kadian and Zanaflex since at least 2012)). Regarding the requested Kadian 60 mg x 2 months, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; that the lowest possible dose is being prescribed; and that there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of Kadian use to date; and failure of non-opioid analgesics, short-acting opioid analgesics and a trial of generic extended-release morphine (equivalent to MS Contin). Regarding the requested Zanaflex 4 mg x 2 months, there is no documentation of an acute exacerbation of chronic low back pain, that Zanaflex is being used as a second line option and for short-term treatment, and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of Zanaflex use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kadian 60mg x 2 months: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Kadian (Morphine Sulfate), Opioids Page(s): 74-80, 93. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Kadian (morphine sulfate).

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that controlled, extended and sustained release preparations of Morphine sulphate should be reserved for patients with chronic pain, who are in need of continuous treatment. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of Kadian (Morphine Sulfate). MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies Kadian is recommended for a trial after failure of non-opioid analgesics, short-acting opioid analgesics and after a trial of generic extended-release morphine (equivalent to MS Contin). Within the medical information available for review, there is documentation of diagnoses of chronic pain syndrome, lumbar postlaminectomy syndrome, lumbar radiculitis, cervical post laminectomy syndrome, cervical radiculitis, opioid dependence, constipation, and myalgia. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; that the lowest possible dose is being prescribed; and that there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, given documentation of Kadian use since at least 2012, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of Kadian use to date. Furthermore, there is no documentation of failure of non-opioid analgesics, short-acting opioid analgesics and a trial of generic extended-release morphine (equivalent to MS Contin). Therefore, based on guidelines and a review of the evidence, the request for Kadian 60 mg x 2 months is not medically necessary.

Zanaflex 4mg x 2 months: 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 (for pain) Page(s): 63-64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain).

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of acute exacerbation of chronic low back pain and used as a second line option for short-term treatment, as criteria necessary to support the medical necessity of muscle relaxant. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended for short-term (less than two weeks) treatment. Within the medical information available for review, there is documentation of diagnoses of chronic pain syndrome, lumbar postlaminectomy syndrome, lumbar radiculitis, cervical post laminectomy syndrome, cervical radiculitis, opioid dependence, constipation, and myalgia. However, there is no documentation of an acute exacerbation of chronic low back pain and that Zanaflex is being used as a second line option and for short-term treatment. In addition, given documentation of Zanaflex use since at least 2012, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of Zanaflex use to date. Therefore, based on guidelines and a review of the evidence, the request for Zanaflex 4 mg x 2 months is not medically necessary.