

Case Number:	CM14-0186185		
Date Assigned:	11/14/2014	Date of Injury:	08/31/2007
Decision Date:	02/12/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/07/2014

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 Physical Medicine Rehab, has a subspecialty in Interventional spine 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:

The patient is a 53 year old female with the injury date of 08/31/07. Per physician's report 09/30/14, the patient has neck, shoulder and lower back pain at 10/10. The patient sleeps for an hour per night. The patient ambulates with a rolling walker. The patient presents with limited range of cervical or lumbar motion. The patient had a lumbar fusion in January 2013. The lists of diagnoses are: 1) Cervicalgia 2) Cervical spondylosis without myelopathy 3) Lumbosacral spondylosis without myelopathy. Per 09/19/14 progress report, the patient has neck and lower back pain. "Current medication does not seem to be helpful." The patient is currently taking Morphine Sulfate, PredniSONE and Tizanidine. Per 08/18/14 progress report, the patient has pain in her lower back, radiating down her right leg. The patient is not taking OTC pain medication. Current medication doesn't seem to help the patient. The patient is taking Morphine Sulfate, PredniSONE and Tizanidine. The patient had right knee intraarticular joint injection on 07/11/14. Per 05/28/14 progress report, the patient had a shoulder injection without help. The treater recommends arthroscopic surgery. The patient is taking Atorvastatin, Celebrex, Doxycyline, Lyrica and Morphine. The utilization review determination being challenged is dated on 10/22/14. Treatment reports were provided from 05/23/14 to 09/30/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine Sulfate 30mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 76-78, 88-89.

Decision rationale: The patient presents with pain in her neck, shoulder and lower back. The request is for Morphine Sulfate 30MG #60. The patient has been utilizing Morphine sulfate since at least 05/28/14. Regarding chronic opiate use, MTUS guidelines page 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the four A's including analgesia, ADL's, side effects, and aberrant drug seeking behavior are not addressed as required by MTUS for chronic opiate use. There are no before and after pain scales to show analgesia; no specific ADL's are mentioned to show functional improvement; no urine toxicology, CURES reports showing opiate monitoring. Furthermore, the physician's reports keeps stating that "current medications do not seem to be helpful." Prior Morphine sulfate appears to have failed and there is no explanation as to what can be accomplished with the continuation of this medication. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, the patient should slowly be weaned as outlined in MTUS guidelines. The request for Morphine Sulfate #60 is not medically necessary.

Zanaflex 2mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants; Antispasticity/Antispasmodic Drugs Page(s): 64-66.

Decision rationale: The patient presents with pain in her neck, shoulder and lower back. The request is for Zanaflex 2MG #120. The patient has been utilizing Zanaflex since at least 08/18/14. MTUS guidelines page 64-66 recommend muscle relaxants as a short course of therapy. Page 66 specifically discusses Tizanidine (Zanaflex) and supports it for low back pain, myofascial and fibromyalgia pain. In this case, the treater requested Zanaflex for muscle spasms and sleep. The patient does present with low back pain which this medication indicates for. However, the physician's reports keep indicating that "current medications do not seem to be helpful." There is no indication that Zanaflex is doing much for this patient's chronic pain or spasms. Therefore, the request of Zanaflex is not medically necessary.