

Case Number:	CM15-0100082		
Date Assigned:	08/14/2015	Date of Injury:	04/17/2013
Decision Date:	09/14/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/26/2015

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, Florida, California
 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 45-year-old male who sustained an industrial injury on April 17, 2013 resulting in neck and lower back pain, upper and lower extremity pain, and impaired mobility. He was diagnosed with lumbar sprain and strain, cervicalgia, cervical degenerative disc disease with herniated nucleus pulposus, and cervical spondylosis with myelopathy. Documented treatment has included cervical epidural injection with report of mild improvement in pain, physical therapy, acupuncture which resulted in injured worker reporting fewer flare ups of symptoms, home exercise, use of a TENS unit with reported pain relief, Butrans skin patch with limited results and a side effect of rash, and pain medication with minimal reported pain relief. The injured worker continues to present with radiating neck and back pain, muscle spasms, and problems sleeping. The treating physician's plan of care includes Cyclobenzaprine 7.5 mg, and Morphine Sulfate ER 30 mg capsules. Work status is temporary total disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41-42.

Decision rationale: This claimant was injured in 2013 and was diagnosed with a lumbar sprain and strain, cervicgia, cervical degenerative disc disease with herniated nucleus pulposus, and cervical spondylosis with myelopathy. Documented treatment was cervical epidural injection with report of mild improvement in pain, physical therapy, acupuncture which resulted in injured worker reporting fewer flare ups of symptoms, home exercise, use of a TENS unit with reported pain relief, Butrans skin patch with limited results and a side effect of rash, and pain medication with minimal reported pain relief. Objective functional improvement out of the regimen is not noted. The MTUS recommends Flexeril (Cyclobenzaprine) for a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. The addition of Cyclobenzaprine to other agents is not recommended. In this case, there has been no objective functional improvement noted in the long-term use of Flexeril in this claimant. Long-term use is not supported. In addition, it is being used with other agents, which also is not clinically supported in the MTUS. Therefore, the request is not medically necessary.

Morphine Sulfate ER 30mg cap #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 79, 80 and 88.

Decision rationale: As previously noted, this claimant was injured in 2013 and was diagnosed with a lumbar sprain and strain, cervicgia, cervical degenerative disc disease with herniated nucleus pulposus, and cervical spondylosis with myelopathy. Documented treatment has included cervical epidural injection with report of mild improvement in pain, physical therapy, acupuncture which resulted in injured worker reporting fewer flare ups of symptoms, home exercise, use of a TENS unit with reported pain relief, Butrans skin patch with limited results and a side effect of rash, and pain medication with minimal reported pain relief. Objective functional improvement out of the opiate regimen is not noted. The current California web-based MTUS collection was reviewed in addressing this request. They note in the Chronic Pain section: When to Discontinue Opioids: Weaning should occur under direct ongoing medical supervision as a slow taper except for the below mentioned possible indications for immediate discontinuation. They should be discontinued: (a) If there is no overall improvement in function, unless there are extenuating circumstances When to Continue Opioids (a) If the patient has returned to work, (b) If the patient has improved functioning and pain. In the clinical records provided, it is not clearly evident these key criteria have been met in this case. Moreover, in regards to the long term use of opiates, the MTUS also poses several analytical necessity questions such as: has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. As shared earlier, there especially is no documentation of functional improvement with the regimen. The request for the opiate usage is not medically necessary per MTUS guideline review.

