

Case Number:	CM15-0135637		
Date Assigned:	07/23/2015	Date of Injury:	07/08/1993
Decision Date:	08/20/2015	UR Denial Date:	07/10/2015
Priority:	Standard	Application Received:	07/14/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 54 year old male who sustained an industrial injury on 07/08/93. Initial complaints and diagnoses are not addressed. Treatments to date include medications, physical therapy, chiropractic therapy, epidural steroid injections, bilateral sacroiliac joint injections, and acupuncture. Diagnostic studies include a MRI of the lumbar spine on 10/14/14. Current complaints include neck, mid and low back pain. Current diagnoses include lumbar spondylosis, lumbar degenerative disc disease, lumbar herniated disc, lumbar spinal stenosis, and myofascial pain syndrome. In a progress note dated 06/02/15 the treating provider reports the plan of care as medications including Morphine, Zanaflex, and Ibuprofen. The requested treatments include Morphine and Zanaflex. The documentation reflects that the injured worker has been on Morphine and Zanaflex since at least 01/09/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine sulfate 15mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Opioids for chronic pain; Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints, (2) Opioids, criteria for use, (3) Opioids, dosing Page(s): 8, 76-80, 86.

Decision rationale: The claimant has a remote history of a work injury occurring in 1993 and continues to be treated for neck, mid back, and low back pain. In April 2015 pain was well-controlled and had improved greatly after switching medications a couple of visits before. When seen, medications are referenced as helping to decrease pain with improved activity level and sleep. His history was unchanged. Physical examination findings included middle trapezius and bilateral periscapular and rhomboid muscle tenderness with muscle spasms. There was thoracic and lumbar spine muscle tenderness with muscle spasms. Physical examination findings included decreased shoulder and hip strength. The claimant was noted to ambulate with a cane. Medications were refilled. Zanaflex was being prescribed on an intermittent basis and was refilled with a 30 day supply. MSIR was refilled at a total MED (morphine equivalent dose) of 45 mg per day. No other opioid medications were being prescribed. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement, that does not mean that they are no longer entitled to future medical care. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. MSIR is an immediate release short acting medication often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management and providing pain relief. There are no identified issues of abuse or addiction. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.

Zanaflex 4mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine (Zanaflex); Muscle relaxants (for pain).

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

Decision rationale: The claimant has a remote history of a work injury occurring in 1993 and continues to be treated for neck, mid back, and low back pain. In April 2015 pain was well-controlled and had improved greatly after switching medications a couple of visits before. When seen, medications are referenced as helping to decrease pain with improved activity level and sleep. His history was unchanged. Physical examination findings included middle trapezius and bilateral periscapular and rhomboid muscle tenderness with muscle spasms. There was thoracic and lumbar spine muscle tenderness with muscle spasms. Physical examination findings included decreased shoulder and hip strength. The claimant was noted to ambulate with a cane. Medications were refilled. Zanaflex was being prescribed on an intermittent basis and was refilled with a 30 day supply. MSIR was refilled at a total MED (morphine equivalent dose) of 45 mg per day. No other opioid medications were being prescribed. Zanaflex (tizanidine) is a centrally acting alpha 2-adrenergic agonist that is FDA approved for the management of spasticity and prescribed off-label when used for low back pain. In this case, there is no identified new injury or acute exacerbation and it is being prescribed intermittently on a long-term basis. The claimant does not have spasticity due to an upper motor neuron condition. It is not medically necessary.