

Case Number:	CM15-0135861		
Date Assigned:	07/23/2015	Date of Injury:	09/15/2005
Decision Date:	08/20/2015	UR Denial Date:	07/08/2015
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:

This 58 year old male sustained an industrial injury with multiple contusions after a fall on 9/15/05. The injured worker was diagnosed with acute cervical spine and lumbar spine sprain/strain and herniated nucleus pulposus at L5-S1. Previous treatment included hemilaminectomy and discectomy at L5-S1 with revision, lumbar fusion, right shoulder arthroscopy times two, acupuncture, injections and medications. The injured worker underwent bilateral C3-4 medial branch blocks on 4/18/15 with less than 20% pain relief. In a PR-2 dated 7/1/15, the injured worker complained of ongoing headaches and neck, back and bilateral shoulder pain associated with weakness. The injured worker reported that a trial of Morphine Sulfate ER helped with sleep and provided 30% relief of pain. The injured worker stated that Morphine IR worked in 30 minutes and lasted for four hours. The injured worker reported that muscle spasms were controlled with Methocarbamol when used regularly. Methocarbamol also improved the injured worker's tolerance for sitting and standing. The injured worker stated that Naproxen Sodium helped with back, leg and foot pain and tightness from welling. Without Naproxen Sodium, activity was limited and the injured worker reported increased leg swelling. Current diagnoses included cervical spine spondylosis, lumbar spine spondylosis, lumbar spine degenerative disc disease, lumbar post laminectomy syndrome, cervical spine sprain/strain and lumbar spine sprain/strain. The treatment plan included refilling medications (Lyrica, Ambien, Naproxen Sodium, Methocarbamol and Morphine Sulfate IR) and trials of Morphine Sulfate ER and Amitiza.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 500mg Qty: 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects, p68-73. Decision based on Non-MTUS Citation Naprosyn Prescribing Information.

Decision rationale: The claimant has a remote history of a work injury occurring in September 2005. He underwent a lumbar hemilaminectomy and discectomy in March 2009 and a second surgery for a recurrent disc extrusion in June 2009. He underwent a lumbar spine fusion in June 2010. He had right shoulder arthroscopic surgery in November 2008 and again in August 2011. When seen, MS ER and MSIR were providing up to 30% pain relief with improvement in standing and walking tolerances and sleep. He was continuing to require treatment for constipation. He was having ongoing right shoulder pain. He was taking methocarbamol regularly for muscle spasms. Physical examination findings included ambulating with a cane. Medications were refilled. The total MED (morphine equivalent dose) was 75 mg per day. Oral NSAIDS (non-steroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation. Dosing of naproxen is 275-550 mg twice daily and the maximum daily dose should not exceed 1100 mg. In this case, the claimant is taking 2000 mg per day, well in excess of the guideline recommendation which is not medically necessary.

Methocarbamol 750mg Qty: 120: 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.

Decision rationale: The claimant has a remote history of a work injury occurring in September 2005. He underwent a lumbar hemilaminectomy and discectomy in March 2009 and a second surgery for a recurrent disc extrusion in June 2009. He underwent a lumbar spine fusion in June 2010. He had right shoulder arthroscopic surgery in November 2008 and again in August 2011. When seen, MS ER and MSIR were providing up to 30% pain relief with improvement in standing and walking tolerances and sleep. He was continuing to require treatment for constipation. He was having ongoing right shoulder pain. He was taking methocarbamol regularly for muscle spasms. Physical examination findings included ambulating with a cane. Medications were refilled. The total MED (morphine equivalent dose) was 75 mg per day. Non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Drugs with the most

limited published evidence in terms of clinical effectiveness include Lorzone (chlorzoxazone), methocarbamol, dantrolene and baclofen. In this case, there is no identified new injury or exacerbation and methocarbamol has been prescribed on a long-term basis. Continued prescribing is not medically necessary.

MS ER 15mg Qty: 90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

Decision rationale: The claimant has a remote history of a work injury occurring in September 2005. He underwent a lumbar hemilaminectomy and discectomy in March 2009 and a second surgery for a recurrent disc extrusion in June 2009. He underwent a lumbar spine fusion in June 2010. He had right shoulder arthroscopic surgery in November 2008 and again in August 2011. When seen, MS ER and MSIR were providing up to 30% pain relief with improvement in standing and walking tolerances and sleep. He was continuing to require treatment for constipation. He was having ongoing right shoulder pain. He was taking methocarbamol regularly for muscle spasms. Physical examination findings included ambulating with a cane. Medications were refilled. The total MED (morphine equivalent dose) was 75 mg per day. 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. MS ER is a sustained release opioid used for treating baseline pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing decreased pain with improved activity tolerance and sleep. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing is medically necessary.