

Case Number:	CM15-0183600		
Date Assigned:	09/24/2015	Date of Injury:	07/08/1993
Decision Date:	11/06/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	09/18/2015

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, New York, 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 applicant is a represented 54-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of July 8, 1993. In a Utilization Review report dated September 16, 2015, the claims administrator failed to approve requests for morphine and Zanaflex. The claims administrator referenced an RFA form received on September 9, 2015 and an associated progress note of August 20, 2015 in its determination. The applicant's attorney subsequently appealed. On a September 8, 2015 applicant questionnaire, the applicant contended that his pain complaints and headaches have been attenuated as a result of ongoing medication consumption. The questionnaire comprised, in large part of pre-printed checkboxes, with little in the way of supporting commentary. On an associated progress note of the same date, September 8, 2015, the applicant reported ongoing complaints of neck, mid back, and low back pain with ancillary complaints of headaches. 4/10 pain complaints were reported on this date. The applicant was using morphine, Zanaflex, and Motrin, it was acknowledged in one section of the note. The applicant was using a cane to move about. Multiple medications were renewed, including morphine, Zanaflex, and Motrin. Urine drug testing was sought. The applicant's work status was not explicitly stated, although it did not appear that the applicant was working. On June 30, 2015, the attending provider contended that the applicant's medications were increasing the applicant's activity level and ameliorating the applicant's sleep. This was not, however, expounded upon. Reaching and standing activities, however, remained problematic, the treating provider reported. On July 30, 2015, the attending provider again reported that prolonged standing and/or reaching overhead remained problematic. The attending

provider contended that the applicant would likely be bedridden without his medications, which included morphine, Zanaflex, and Motrin.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Morphine Sulfate 15mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: No, the request for morphine, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant's work status was not reported on multiple office visits, referenced above, including July 30, 2015, June 30, 2015, and September 8, 2015, strongly suggesting that the applicant was not, in fact, working. While the treating provider stated that the applicant's medications were beneficial, the treating provider failed to outline meaningful, material, and/or substantive improvements in function (if any) effected as a result of ongoing morphine usage. The attending provider's commentary on July 30, 2015 to the effect that the applicant would be bedridden without his medications did not constitute evidence of a meaningful, material, and/or substantive improvement in function achieved as a result of ongoing morphine usage. Therefore, the request was not medically necessary.

1 Prescription of Zanaflex 4mg,#30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction, Muscle relaxants (for pain).

Decision rationale: Similarly, the request for Zanaflex, an antispasmodic medication, was likewise not medically necessary, medically appropriate, or indicated here. While page 66 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that tizanidine or Zanaflex is FDA approved in the management of spasticity but can be employed for unlabeled use for low back pain, as was seemingly present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of 'efficacy of medication' into his choice of recommendations. Here, however, the applicant's work status was not explicitly discussed or

detailed on multiple office visits, referenced above, including on July 30, 2015, suggesting that the applicant was not, in fact, working. Activities of daily living as basic as standing and reaching overhead remained problematic, it was reported on that date. Ongoing usage of Zanaflex failed to curtail the applicant's dependence on opioid agents such as morphine. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. Therefore, the request was not medically necessary.