

Case Number:	CM15-0185416		
Date Assigned:	09/25/2015	Date of Injury:	11/02/1998
Decision Date:	11/18/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	09/21/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 female, who sustained an industrial injury on 11-2-98. The injured worker was diagnosed as having lumbago, bilateral sacroilitis, cervicgia and myofascial pain syndrome. The physical exam (12-1-14 through 7-27-15) revealed 7 out of 10 pain, tenderness to palpation in the cervical paraspinal muscles and tenderness to palpation along the bilateral mid-to-lower lumbar paraspinal muscles. Treatment to date has included chiropractic treatments x 6 (with increased pain), massage therapy, physical therapy and a sacroiliac joint injection (all helped with pain) and a lumbar epidural injection (dates of services not documented). Current medications include Norco, Zofran, Prozac, Xanax, Tizanidine (since at least 3-21-14) and Morphine Sulfate (since at least 7-13-15). The urine drug screen on 7-13-15 was positive for marijuana. The treating physician instructed the injured worker to obtain a medical marijuana card if she is going to continue using marijuana while being prescribed controlled pain medications. As of the PR2 dated 8-10-15, the injured worker reports pain in her low back, right hip and neck. She rates her pain 8-9 out of 10 because she has been unable to get her pain medications. She has not worked since 2003. Objective findings include tenderness to palpation in the cervical paraspinal muscles, a negative straight leg raise test and tenderness to palpation along the bilateral mid-to-lower lumbar paraspinal muscles. The injured worker has an appointment on 8-11-15 to obtain a medical marijuana card. The treating physician requested Morphine Sulfate 15mg #30 and Tizanidine 4mg #45. The Utilization Review dated 8-17-15, non-certified the request for Morphine Sulfate 15mg #30 and modified the request for Tizanidine 4mg #45 to Tizanidine 4mg #20 for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine Sulfate 15mg #30: 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, Opioids for chronic pain.

Decision rationale: MTUS discusses in detail the 4 As of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. MTUS also discourages the use of chronic opioids for back pain due to probable lack of efficacy. The records in this case do not meet these 4As of opioid management and do not provide a rationale or diagnosis overall for which ongoing opioid use is supported. Therefore this request is not medically necessary.

Tizanidine 4mg #45: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: MTUS generally discourages the use of muscle relaxants for chronic conditions. For this reason an initial physician review recommended non-certification of this medication. However with regard to Tizanidine, MTUS discusses and endorses multiple studies regarding its efficacy for low back pain and myofascial pain and recommends its use as a first line treatment in such chronic situations. Thus the current request is consistent with MTUS guidelines; the request is medically necessary.