

Case Number:	CM15-0193245		
Date Assigned:	10/07/2015	Date of Injury:	10/18/2001
Decision Date:	11/13/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/01/2015

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: 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 59-year-old female who sustained an industrial injury on 10-18-2001. Diagnoses have included cervicgia, cervical radiculopathy, lumbar radiculopathy, lumbar disc protrusion, failed back surgery syndrome, lumbar disc protrusion, failed neck surgery syndrome, opioid dependence, chronic pain syndrome on pain pump, anxiety, and depression. Documented treatment includes L4-S1 posterior segmental instrumented fusion; L5-S1 anterior interbody fusion, with nonunion at L4-5 noted through CT performed 7-30-2012 and through the x-ray on 7-24-2013; a C3-C4 discectomy and fusion, which was shown to be "well-fused" in an MRI performed 3-3-2015; chiropractic treatment; home exercise; and medication including Cymbalta, Baclofen which is noted 8-5-2015 to be changed to Lorzone due to side effects, Oxycodone being changed "back" to Morphine, also due to side effects, Lyrica, Topamax, and a pain pump for at least the past 5 months. Lorzone does not appear in the recent medical records, and the length of time previously on Morphine is not provided. On 9-10-2015, the injured worker reported that her condition was "worsening with time." She reported "diffuse" body pain, electric-like shocks in her head, neck, arms and legs, and she complained that her medication was affecting her cognition and ability to perform "normal" activities. Additionally, her pain pump which had been filled with Dilaudid had recently not been refilled. She experienced withdrawals, and when refilled, it was replaced with a "different" medication, noted as Priault which she reported has not provided the same pain control. The treating physician's plan of care includes Morphine 30 mg #60 modified to #39, and Lorzone 750 mg which was denied. Determination was dated 9-25-2015. She has not been working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lorzone 750 MG Qty 90: Upheld

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

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

Decision rationale: Guidelines do not recommend long-term use of this muscle relaxant for this chronic 2001 injury. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains unchanged. The Lorzone 750 MG Qty 90 is not medically necessary and appropriate.

Morphine 30 MG Qty 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, cancer pain vs. nonmalignant pain, Opioids, long-term assessment.

Decision rationale: The MTUS Guidelines cite opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids in terms of decreased pharmacological dosing, decreased medical utilization, increased ADLs and functional work status with persistent severe pain for this chronic 2001 injury without acute flare, new injury, or progressive neurological deterioration. The Morphine 30 MG Qty 60 is not medically necessary and appropriate.