

Case Number:	CM15-0206983		
Date Assigned:	10/23/2015	Date of Injury:	03/18/2004
Decision Date:	12/04/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/20/2015

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, Florida, 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 injured worker is a 63 year old male, who sustained an industrial injury on 3-18-04. The documentation on 9-8-15 noted that the injured worker has complaints of right lumbar spine, right buttock, left shin and left foot pam. The documentation noted trigger points at upper outer quadrant of the buttocks, paraspinal muscle tenderness present. Lumbar range of motion was noted to be normal for age. Tone is decreased due to prior surgery, atrophy of paraspineal muscles noted. There is normal paraspinal muscle strength and tone. The diagnoses have included lumbago and spinal enthesopathy. Treatment to date has included lumbar discectomy; lyrica; morphine sulfate; morphine oral tables extended release; omeprazole and tizanidine. The documentation noted that the injured worker is to have his rotator cuff repair this month. The original utilization review (9-30-15) non-certified the request for tizanidine tab 4mg day supply 30, quantity 90, refills 0, treatment date 9-28-2015; lyrica cap 225mg day supply 30, quantity 60, refills 0, treatment date 9-28-2015 and morphine sulfate tab 30mg ER day supply 30, quantity 60, refills 0, treatment date 9-28-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine tab 4mg day supply: 30 Qty: 90 Refills: 0 Rx date 9/28/2015: 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): Muscle relaxants (for pain).

Decision rationale: The claimant was injured back in 2004. Shoulder surgery is planned this month. Tizanidine has been used in the past. Objective functional improvement out of the regimen is not documented. Acute injury muscle spasm is noted. Regarding muscle relaxants like Zanaflex, the MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008). In this case, there is no evidence of it being used short term or acute exacerbation. There is no evidence of muscle spasm on examination. The records attest it is being used long term, which is not supported in MTUS. Further, it is not clear it is being used second line; there is no documentation of what first line medicines had been tried and failed. Further, the MTUS notes that in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Further 90 refills simply is not clinically appropriate, since clinical circumstances do change, and it assumes the patient will have perpetual clinical need for the medicine. The request was appropriately non-certified. Therefore, the requested treatment is not medically necessary.

Lyrica cap 225mg day supply: 30 Qty: 60 Refills: 0 Rx date 9/28/2015: 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): Anti-epilepsy drugs (AEDs).

Decision rationale: As shared, the claimant was injured back in 2004. Shoulder surgery is planned this month. Tizanidine has been used in the past. Objective functional improvement out of the regimen is not documented. The MTUS notes that these medicines are recommended for neuropathic pain (pain due to nerve damage. (Gilron, 2006) (Wolfe, 2004) (Washington, 2005) (ICSI, 2005) (Wiffen-Cochrane, 2005) (Attal, 2006) (Wiffen-Cochrane, 2007) (Gilron, 2007) (ICSI, 2007) (Finnerup, 2007). The MTUS further notes that most randomized controlled trials (RCTs) for the use of this class of medication for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy (with diabetic polyneuropathy being the most common example). I did not see that this claimant had these conditions for which the medicine is effective. Further 60 refills simply is not clinically appropriate, since clinical circumstances do change, and it assumes the patient will have perpetual clinical need for the medicine. The request was appropriately non-certified under MTUS criteria.

Morphine sul tab 30mg ER day supply: 30 Qty: 60 Refills: 0 Rx date 9/28/2015: 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 for chronic pain.

Decision rationale: As shared previously, the claimant was injured back in 2004. Shoulder surgery is planned this month. Tizanidine has been used in the past. Objective functional improvement out of the regimen is not documented. The current California web-based MTUS collection was reviewed in addressing this request. They note in the Chronic Pain section: When to Discontinue Opioids: Weaning should occur under direct ongoing medical supervision as a slow taper except for the below mentioned possible indications for immediate discontinuation. They should be discontinued: (a) If there is no overall improvement in function, unless there are extenuating circumstances. When to Continue Opioids: (a) If the patient has returned to work. (b) If the patient has improved functioning and pain. In the clinical records provided, it is not clearly evident these key criteria have been met in this case. Moreover, in regards to the long term use of opiates, the MTUS also poses several analytical necessity questions such as: has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. As shared earlier, there especially is no documentation of functional improvement with the regimen. Further 60 refills of an opiate medicine simply is not clinically appropriate, since clinical circumstances do change with time, and it assumes the patient will have perpetual clinical need for the medicine. The request for the opiate usage is not certified per MTUS guideline review. Therefore, the requested treatment is not medically necessary.