

Case Number:	CM15-0209819		
Date Assigned:	10/28/2015	Date of Injury:	01/09/1997
Decision Date:	12/09/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	10/26/2015

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 55 year old female, who sustained an industrial injury on 1-9-1997. Diagnoses include fibromyalgia, anxiety and depression, insomnia and chronic neck pain, and status post two cervical spine procedures. Treatments to date include activity modification, braces and traction, medication therapy, physical therapy, chiropractic therapy, TENS unit, and trigger point injections. On 9-2-15, she was evaluated for chronic neck pain. Pain levels were rated 4 out of 10 with medications. Pain medications tried in the past included Percocet, Pristiq, Ambien, Xanax, and Tizanidine. It was noted she continued "morphine three times a day with adequate pain control." It was further noted she was concerned over non-certification of muscle relaxant medication, because she reported that this medicine is directly responsible for keeping her on the go throughout the day and providing a restful sleep. Current medications and doses were not documented clearly. The physical examination documented decreased cervical range of motion and tight muscles. On 9-30-15, she complained of ongoing neck pain. Medications were noted as "pain medications and Xanax", specifics not documented. The physical examination documented decreased cervical range of motion with tightness of muscles noted. There was no objective data documented regarding efficacy of medication on reducing pain or increasing functional ability. It was not documented how long current medications were prescribed at requested doses. The records included a drug toxicology report dated 4-8-15, that noted "no prescribed medication" in the comments. The plan of care included prescriptions for Morphine, amitriptyline, and Tizanidine. The appeal requested authorization for Morphine IR 15mg #90 and Tizanidine 6mg #90. The Utilization Review dated 10-12-15, denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine IR 15mg #90 Qty 90: 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, cancer pain vs. nonmalignant pain, Opioids, pain treatment agreement.

Decision rationale: Review indicates the patient has continued symptom complaints and continues to treat for this chronic 1997 injury with pharmacological interventions including multiple analgesics. However, the records included a drug toxicology report dated 4-8-15, that noted "no prescribed medication" in the comments. The plan of care included prescriptions for Morphine, amitriptyline, and Tizanidine. Per the MTUS Guidelines cited, 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 or decreased in medical utilization. There is no evidence of utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance as the patient had inconsistent drug screening; however, no adjustment was made by the provider regarding the aberrant drug test. 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 with persistent severe pain. The Morphine IR 15mg #90 Qty 90 is not medically necessary and appropriate.

Tizanidine 6mg #90 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 1997 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. Although there is noted symptom relief, submitted reports have not adequately demonstrated the indication or medical need for this continued treatment and there is no report of significant progressive clinical findings, acute flare-up or new injury to support for its long-term use beyond guidelines criteria. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains unchanged without acute flare-up or clinical progression. The Tizanidine 6mg #90 Qty 90 is not medically necessary and appropriate.