

Case Number:	CM15-0212646		
Date Assigned:	11/02/2015	Date of Injury:	06/06/2001
Decision Date:	12/11/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/28/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 58 year old female who sustained an industrial injury on 6-6-01. The injured worker reported pain in the low back, neck and upper extremity. A review of the medical records indicates that the injured worker is undergoing treatments for carpal tunnel syndrome, cervical spondylosis, and lumbosacral region. Medical records dated 10-9-15 indicate pain rated at 7 out of 10. Provider documentation dated 8-14-15 noted the work status as permanent and stationary. Treatment has included computed tomography, electromyography, magnetic resonance imaging, Cymbalta, Nabumetone-Relafen, Senokot, and spinal cord stimulator. Objective findings dated 10-9-15 were notable for an antalgic gait, decreased lumbar spine range of motion, tenderness to cervical spinous process with increased cervical range of motion and hypertonicity. The original utilization review (9-28-15) denied a request for Morphine Sulfate ER 60mg #60, Cyclobenzaprine 7.5mg #90 and Gabapentin 600mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine Sulfate ER 60mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, opioids.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Morphine sulfate ER 60 mg #60 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are cervical spondylosis without myelopathy; lumbosacral spondylosis; carpal tunnel syndrome; sciatica; disorders sacrum; and neck pain. The date of injury is June 6, 2001. Request for authorization is dated September 22, 2015. Morphine sulfate was started August 2015. According to the documentation, the earliest progress note containing cyclobenzaprine and gabapentin is dated March 6, 2015. A urine drug toxicology screen dated August 14, 2015 was positive for methadone, oxycodone and cannabis. Declared medications were cyclobenzaprine, gabapentin, Opana and Relafen. The urine drug screen was inconsistent for methadone. This was not addressed in the medical record. According to a September 11, 2015 progress note, subjective complaints of chronic low back pain, neck pain and upper extremity pain. Objectively, there is decreased range of motion of the lumbar spine with positive straight leg raising, spasm and guarded. The spinous processes are tender at C4, C5, C6 and C7 with decreased range of motion in the cervical region and tenderness to palpation in the paraspinal muscles. The documentation indicates Opana was discontinued one month prior (August 2015) and morphine sulfate ER was prescribed. Pain score is 10/10 and drops to 7/10 with medications. There is no documentation demonstrating objective functional improvement to support ongoing morphine sulfate ER. There are no detailed pain assessments or risk assessments. There has been no attempt at weaning, although morphine sulfate ER started one month prior. Based on clinical information in the medical record, peer-reviewed evidence- based guidelines, no documentation demonstrating objective functional improvement, no detailed pain assessments or risk assessments and no attempt at weaning, Morphine sulfate ER 60 mg #60 is not medically necessary.

Cyclobenzaprine 7.5mg #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): Cyclobenzaprine (Flexeril). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, cyclobenzaprine (Flexeril) 7.5mg #90 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are cervical spondylosis without myelopathy; lumbosacral spondylosis; carpal tunnel syndrome; sciatica; disorders sacrum; and neck pain. The date of injury is June 6, 2001. Request for authorization is dated September 22, 2015. Morphine sulfate was started August 2015. According to the documentation, the earliest progress note containing cyclobenzaprine and gabapentin is dated March 6, 2015. A urine drug toxicology screen dated August 14, 2015 was positive for methadone, oxycodone and cannabis. Declared medications were cyclobenzaprine, gabapentin, Opana and Relafen. The urine drug screen was inconsistent for methadone. This was not addressed in the medical record. According to a September 11, 2015, progress note, subjective complaints of chronic low back pain, neck pain and upper extremity pain. Objectively, there is decreased range of motion of the lumbar spine with positive straight leg raising, spasm and guarded. The spinous processes are tender at C4, C5, C6 and C7 with decreased range of motion in the cervical region and tenderness to palpation in the paraspinal muscles. The documentation indicates Opana was discontinued one month prior (August 2015) and morphine sulfate ER was prescribed. Pain score is 10/10 and drops to 7/10 with medications. The documentation indicates cyclobenzaprine was prescribed, at a minimum, as far back as March 6, 2015 (six months prior). The guidelines recommend short-term (less than two weeks) treatment. There is no documentation demonstrating objective functional improvement. There is no documentation of acute low back pain or an acute exacerbation of chronic low back pain. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement, no documentation of acute low back pain or an acute exacerbation of chronic low back pain and treatment continued well in excess of the recommended guidelines for short-term use, that the soap cyclobenzaprine (Flexeril) 7.5mg #90 is not medically necessary.

Gabapentin 600mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Antiepilepsy drugs (AEDs).

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Gabapentin 600 mg #60 is not medically necessary. Gabapentin is recommended for some neuropathic pain conditions and fibromyalgia. Gabapentin is associated with a modest increase in the number of patients experiencing meaningful pain reduction. Gabapentin is an anti-epilepsy drug. In this case, the injured worker's working diagnoses are cervical spondylosis without myelopathy; lumbosacral spondylosis; carpal tunnel syndrome; sciatica; disorders sacrum; and neck pain. The date of injury is June 6, 2001. Request for authorization is dated September 22, 2015. Morphine sulfate was started August 2015.

According to the documentation, the earliest progress note containing cyclobenzaprine and gabapentin is dated March 6, 2015. A urine drug toxicology screen dated August 14, 2015 was positive for methadone, oxycodone and cannabis. Declared medications were cyclobenzaprine, gabapentin, Opana and Relafen. The urine drug screen was inconsistent for methadone. This was not addressed in the medical record. According to a September 11, 2015, progress note, subjective complaints of chronic low back pain, neck pain and upper extremity pain. Objectively, there is decreased range of motion of the lumbar spine with positive straight leg raising, spasm and guarded. The spinous processes are tender at C4, C5, C6 and C7 with decreased range of motion in the cervical region and tenderness to palpation in the paraspinal muscles. The documentation indicates Opana was discontinued one month prior (August 2015) and morphine sulfate ER was prescribed. Pain score is 10/10 and drops to 7/10 with medications. There is no documentation of significant overall improvement/objective functional improvement with the ongoing use of gabapentin to support its continued use. As noted above pain scores 10/10 and drops to 7/10. Based on the clinical information in the medical record, peer-reviewed evidence- based guidelines and no documentation of significant overall improvement/objective functional improvement, Gabapentin 600 mg #60 is not medically necessary.