

Case Number:	CM15-0214608		
Date Assigned:	11/04/2015	Date of Injury:	06/20/2003
Decision Date:	12/16/2015	UR Denial Date:	10/28/2015
Priority:	Standard	Application Received:	11/02/2015

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: 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 49 year old, female who sustained a work related injury on 6-20-03. A review of the medical records shows she is being treated for neck, both arms, low back and both knees pain. In the progress notes dated 9-3-15, 10-7-15 and 10-21-15, the injured worker reports worse neck and bilateral arm pain after a physical therapy evaluation. She reports worse pain and weakness in bilateral wrists. She reports "significant" low back pain. She reports she was "basically bedridden for 1 week after the physical therapy evaluation." She reports binge eating when stressed. She reports noticing changes in decreasing Levorphanol but is "dealing with this by being less active." On physical exam dated 10-21-15, she has tenderness to touch over radial aspect of the wrists, right greater than left. Finkelstein's test is positive bilaterally, right greater than left. She has tenderness over both epicondyles at elbows. Treatments have included psychotherapy and medications. Current medications include Bentyl, Cardiamin, Diazepam, Hydrochlorothiazide, Levorphanol, Pravastatin, Premarin, Prevacid, and Seroquel. She has been taking the Levorphanol since at least April, 2015. She was just prescribed the Tizanidine. No notation of working status. The treatment plan includes requests for scheduling physical therapy, continue psychological treatment, to continue Levorphanol and start Tizanidine. In the Utilization Review dated 10-28-15, the requested treatment of Levorphanol Tartrate 2mg. #120 was modified to Levorphanol Tartrate 2mg. #60. The requested treatment of Tizanidine 2mg. #60 is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Levorphanol Tartrate 2mg, #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Weaning of Medications. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/Opioids, Specific Drug List Section.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. Per the ODG, Levorphanol if used for moderate to severe pain, when an opioid is appropriate for therapy. Levorphanol has been shown to be effective for neuropathic pain. In this case, there is a lack of quantitative pain relief and objective evidence of functional improvement with the prior use of this medication. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Levorphanol Tartrate 2mg, #120 is not medically necessary.

Tizanidine 2mg, #60: 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: Non-sedating muscle relaxants (for pain) are recommended by the MTUS Guidelines with caution for short periods for treatment of acute exacerbations of chronic low back pain, but not for chronic or extended use. Drowsiness, dizziness and lightheadedness are commonly reported adverse reactions with the use of Robaxin. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility, but in most low back pain cases, there is no benefit beyond NSAIDs. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, there is no evidence of an acute exacerbation of muscle spasm. Additionally, this request for 60 tablets does not imply short-term treatment. The request for Tizanidine 2mg, #60 is not medically necessary.