

Case Number:	CM15-0215289		
Date Assigned:	11/05/2015	Date of Injury:	10/18/2001
Decision Date:	12/16/2015	UR Denial Date:	10/26/2015
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 60 year old female, who sustained an industrial-work injury on 10-18-01. She reported initial complaints of neck and back pain as well as effected psyche. The injured worker was diagnosed as having chronic pain syndrome, cervicgia, lumbar radiculopathy, opioid dependence, anxiety, and depression. Treatment to date has included medication, diagnostics, surgery (anterior, posterior fusion L4-L5), lumbar transforaminal ESI (epidural steroid injection), lumbar percutaneous stereotactic radiofrequency rhizotomy, spinal cord stimulator removal, anterior cervical fusion c4-7, pain pump implantation, and removal of anterior cervical plate at C4-7 and C3-4 anterior discectomy and fusion), home exercise program (HEP), inpatient detoxification, and trigger point injections. CT scan report of the cervical spine were reported on 7-30-12 revealing moderate canal stenosis due to left paracentral osteophyte and moderate to severe canal stenosis at C5 due to central posterior osteophyte complex, multiple moderate neural foramina narrowing, status post anterior fusion and anterolisthesis of C3-4 and C7-T1. Currently, the injured worker complains of headaches and neck pain and is feeling fatigued. She is being weaned off medications. Per the primary physician's progress report (PR-2) on 10-22-15, exam noted tearfulness, incisions are healed well, limited range of motion of the neck secondary to pain. The Request for Authorization requested service to include Lorzone 750 mg Qty 90 and Morphine 30 mg Qty 60. The Utilization Review on 10-26-15 denied the request for Lorzone 750 mg Qty 90 and modified Morphine 30 mg Qty 39.

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: MTUS Guidelines are not supportive of the chronic daily use of sedating muscle relaxants for chronic pain conditions. The Guidelines allow for a possible exception with the use of Tizanidine, but not for this particular muscle relaxant. If a muscle relaxant is effective, short-term use during flare-ups may be justified, but that is not the intent of this prescription. There are no unusual circumstances, to justify an exception to Guidelines. The Lorzone 750 mg Qty 90 is not supported by Guidelines and is not medically necessary.

Morphine 30 mg Qty 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional improvement measures, Opioids, criteria for use.

Decision rationale: MTUS Guidelines have very specific recommended criteria to justify the use of oral opioids for chronic non-cancer pain. These standards include detailed evidence of meaningful pain relief and detailed documentation of functional support/improvements. There is no documentation of either of these key metrics. No pain relief is reported from the oral Morphine, but sedating side effects are noted. No functional improvements are noted as a result of the oral Morphine. There are no unusual circumstances to justify an exception to Guideline recommendations. The Morphine 30 mg Qty 60 is not supported by Guidelines and is not medically necessary.