

<b>Case Number:</b>	CM15-0040840		
<b>Date Assigned:</b>	03/11/2015	<b>Date of Injury:</b>	08/27/2001
<b>Decision Date:</b>	04/21/2015	<b>UR Denial Date:</b>	02/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2015

### 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 58-year-old male who sustained an industrial injury on 8/27/01 when he was struck in the head with a beam and fell and broke his neck. He currently complains of neck pain and constant daily headaches. Medications include Imitrex, oxycontin, zanaflex, Neurontin, Pamelor, Topamax, Zoloft, Zantac and Valium. Medications help him with activities of daily living. Diagnoses include failed back syndrome, cervical; occipital neuralgia,; cervical degenerative disc disease; cervical radiculopathy; status post bilateral carpal tunnel release 2/07 and 1/08; severe narcotic drug addiction involving ACTIQ lozenges (per agreed medical examination 8/24/11). Treatments to date include medications, acupuncture to the cervical spine and epidural steroid injections. Diagnostic include lumbar MRI (8/4/10), (7/14/09); electromyography (1/14/09) which was normal; computed tomography of the cervical spine (8/22/10). In the progress note dated 2/11/15, the treating provider's plan of care included oxycontin and Morphine for breakthrough pain and zanaflex to reduce spasms. In addition, Topamax to prevent migraine headaches; Valium for anxiety and muscle spasms; Zantac for gastrointestinal upset; Neurontin for radicular pain were requested for refills. His urine drug screen was consistent with the prescribed medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Morphine 30mg #150:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

**Decision rationale:** The patient presents with pain and weakness in his neck, lower back and upper/ lower extremities. The request is for MORPHINE 30MG #150. Per 02/11/15 progress report, the patient present with failed back syndrome. Oxycontin, Imitrex, Lidocaine, Morphine, Neurontin, Pamelor, Topamax, Valium, Zanaflex, Zantac and Zoloft are prescribed. The patient has been utilizing Morphine since at least 07/29/14. The patient is currently working. Per 01/19/15 progress report, the patient reports that the patient at its least is 7/10, its average is 8/10 and its worst is 10. His current medication combination continues to allow him to remain functional in his ADLs such as activities with his church, ministering, marketing, cooking, and remain active with his wife without adverse effects. When his medications are on track he is able to feel his degrees of 'normal' and he is provided with restorative function, when they are off he is limited and confined to the home and essentially confined to bed due to pain. The treater notes that the patient is being maintained on high does opioids, however, he is very functional in his ADLs without adverse effects as he is a pastor in his church ministering several days a week and performing bible study for many in his church, he is able to do marketing, laundry, chores in his home without his medication combination he is barely able to get out of bed to shower. The treater monitor the 4A's for ongoing monitoring All our patients sign a pain agreement and is kept on file. We monitor patient compliance by means of CURES reports and Urine Drug Screenings. The patient underwent urine drug screenings on 08/25/14 and 12/04/14 with consistent results. Regarding chronic opiate use, MTUS guidelines page and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's analgesia, ADLs, adverse side effects, and adverse behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the treater mentions that the patient has appropriate drug screen results and has a pain agreement for opiate monitoring on file. The treater provided documentations regarding all 4A's ADLs, analgesia, side effects/ adverse behavior. The treater provided specific ADL changes showing significant functional improvement. All four A's appear to be documented as required by MTUS including some outcome measures. Given the patient's chronic pain including failed back, the request IS medically necessary.

**Oxycotin 30mg #90:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

**Decision rationale:** The patient presents with pain and weakness in his neck, lower back and upper/ lower extremities. The request is for MORPHINE 30MG #150. Per 02/11/15 progress report, the patient present with failed back syndrome. Oxycontin, Imitrex, Lidocaine, Morphine, Neurontin, Pamelor, Topamax, Valium, Zanaflex, Zantac and Zoloft are prescribed. The patient is currently working. Per 01/19/15 progress report, the patient reports that the patient at its least is 7/10 and its worst is 10. His current medication combination continues to allow him to remain functional in his ADLs such as activities with his church, ministering, marketing, cooking, and remain active with his wife without adverse effects. When his medications are on track he is able to feel his degrees of 'normal' and he is provided with restorative function, when they are off he is limited and confined to the home and essentially confined to bed due to pain. The treater notes that the patient is being maintained on high does opioids, however, he is very functional in his ADLs without adverse effects as he is a pastor in his church ministering several days a week and performing bible study for many in his church, he is able to do marketing, laundry, chores in his home without his medication combination he is barely able to get out of bed to shower. The treater monitor the 4A's for ongoing monitoring All our patients sign a pain agreement and is kept on file. We monitor patient compliance by means of CURES reports and Urine Drug Screening. The patient underwent urine drug screenings on 08/25/14 and 12/04/14 with consistent results. The utilization review letter on 02/24/15 indicates that weaning of Oxycontin was initiated on 04/04/14. Regarding chronic opiate use, MTUS guidelines page 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's --analgesia, ADLs, adverse side effects, and adverse behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the treater mentions that the patient has appropriate drug screen results and has a pain agreement for opiate monitoring on file. The treater provided documentations regarding all 4As ADLs, analgesia, side effects/ adverse behavior. The treater provided specific ADL changes showing significant functional improvement. Some of outcome measures are documented as well. The request IS medically necessary.

**Zanaflex 4mg #90:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

**Decision rationale:** The patient presents with pain and weakness in his neck, lower back and upper/ lower extremities. The request is for ZANAFLEX 4MG #90. MTUS guidelines page 64-66 recommend muscle relaxants as a short course of therapy. Page 66 specifically discusses Tizanidine and supports it for low back pain, myofascial and fibromyalgia pain. In this case, the patient has been utilizing this medication since at least April 2014. There are documentations regarding this medications efficacy, stating Zanaflex works well without making him sleepy. The pain is manageable with his current medication. Given the benefit from the use of this

medication, and the fact that it is allowed for low back pain per MTUS, the request IS medically necessary.