

Case Number:	CM15-0055179		
Date Assigned:	03/30/2015	Date of Injury:	06/11/2002
Decision Date:	06/24/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/23/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 71 year old female sustained an industrial injury to the neck, back, left shoulder, left wrist, ribs, toes and left knee on 6/11/02. Previous treatment included magnetic resonance imaging, electromyography, Hyalgan injections, cortisone injections, trigger point injections, knee braces, hot and cold wrap, cervical pillow, back brace, neck traction, air bladder, transcutaneous electrical nerve stimulator unit and medications. Electromyography (2012) of bilateral upper extremities showed left carpal tunnel syndrome. Electromyography of bilateral lower extremities was unremarkable. X-rays of the left knee showed 1 millimeter articular surface. Magnetic resonance imaging left knee (2012) showed a medial meniscus tear. Magnetic resonance imaging lumbar spine showed grade I spondylolisthesis. In a request for authorization dated 2/13/15, the injured worker complained of left knee, mid back and neck pain. The injured worker reported having difficulty walking between the bedroom and the kitchen due to left knee pain and instability. Physical exam was remarkable for tenderness to palpation across the paraspinal musculature with facet loading pain and muscle spasms as well as left knee pain and tenderness to palpation across the joint line. The injured worker had full extension and flexion of the left knee but walked with a limp. The physician noted that the injured worker required in-home support services 24 hours a day, helping with activities of daily living, transportation and medications. Current diagnoses included internal derangement of the knee, discogenic cervical condition, discogenic lumbar condition, left shoulder strain, rib fracture, big toe fracture, carpal tunnel syndrome, carpometacarpal joint inflammation of bilateral thumbs and chronic pain syndrome. The treatment plan included magnetic resonance imaging left knee due to increasing pain and instability, a pain management referral and medication refills (MS Contin, Percocet and Flexeril). In a request for authorization dated 3/17/15, the physician requested

approval for Nalfon, Flexeril, Wellbutrin SR, AcipHex, Oxycodone and Morphine Sulfate as well as a 4-leads transcutaneous electrical nerve stimulator unit with conductive garment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine 30mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, Opioids, dosing Page(s): 76-80, 86. Decision based on Non-MTUS Citation Farrar JT, Young JP, LaMoreaux L, Werth JL, Poole RM. Clinical importance of changes in chronic pain intensity measured on an 11-point numerical pain rating scale. Pain. 2001 Nov; 94 (2):149-58.

Decision rationale: The claimant sustained a work-related injury in June 2002 and continues to be treated for chronic neck, low back, and left knee, shoulder, and wrist pain. When medications were being approved and the claimant was able to take them, they are referenced as decreasing pain from 8-10/10 to 6/10. When seen, there was left knee joint line tenderness with decreased range of motion. Medications include MS Contin and Percocet at a total MED (morphine equivalent dose) of 120 mg per day. Flexeril was being prescribed on a long-term basis. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. MS Contin is a sustained release formulation and would be used to treat baseline pain which is present in this case. It is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing pain control. The total MED (morphine equivalent dose) is 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of MS Contin was medically necessary.

Oxycod/Apap 10/325mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, (2) Opioids, dosing Page(s): 76-80, 86. Decision based on Non-MTUS Citation Farrar JT, Young JP, LaMoreaux L, Werth JL, Poole RM. Clinical importance of changes in chronic pain intensity measured on an 11-point numerical pain rating scale. Pain. 2001 Nov; 94 (2):149-58.

Decision rationale: The claimant sustained a work-related injury in June 2002 and continues to be treated for chronic neck, low back, and left knee, shoulder, and wrist pain. When medications

were being approved and the claimant was able to take them, they are referenced as decreasing pain from 8-10/10 to 6/10. When seen, there was left knee joint line tenderness with decreased range of motion. Medications include MS Contin and Percocet at a total MED (morphine equivalent dose) of 120 mg per day. Flexeril was being prescribed on a long-term basis. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Oxycodone/acetaminophen is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing pain control. The total MED (morphine equivalent dose) is less than 120 mg per day consistent with guideline recommendations. Therefore, the prescribing was medically necessary.

Cyclobenzaprine 5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Cyclobenzaprine (Flexeril), (2) Muscle relaxants Page(s): 41, 63.

Decision rationale: The claimant sustained a work-related injury in June 2002 and continues to be treated for chronic neck, low back, and left knee, shoulder, and wrist pain. When medications were being approved and the claimant was able to take them, they are referenced as decreasing pain from 8-10/10 to 6/10. When seen, there was left knee joint line tenderness with decreased range of motion. Medications include MS Contin and Percocet at a total MED (morphine equivalent dose) of 120 mg per day. Flexeril was being prescribed on a long-term basis. Cyclobenzaprine is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is recommended. In this case, the quantity being prescribed is consistent with long term use and was therefore not medically necessary.