

Case Number:	CM15-0095206		
Date Assigned:	05/21/2015	Date of Injury:	01/23/2013
Decision Date:	11/23/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	05/18/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 33 year old male who sustained an industrial injury on 01-23-2013. Medical records indicated the worker was treated for lumbago. In the provider notes of 03-24-2015, the worker is seen for neck pain, left shoulder pain, thoracic back pain, left low back pain, left buttock, left posterior thigh, and left posterior calf pain. He presented on 03-24-2015 for a physical assessment. His pain medications included Morphine sulfate IR 30 mg, Motrin, Gabapentin 300 mg. His prior medications included Hydrocodone, Oxycodone, Dilaudid, and Vicodin. On examination of the spine and muscles, there was tenderness on palpation of the lumbar paraspinal muscles overlying the left L4-S1 facet joints and left shoulder, tenderness upon palpation of the left deltoid. Left shoulder range of motion was restricted by pain in all directions, and bilateral lower extremity ranges of motion were restricted by pain in all directions. Lumbar ranges of motion were restricted by pain in all directions. Lumbar extension was worse than lumbar flexion. Cervical ranges of motion were restricted by pain in all directions. Cervical extension was worse than cervical flexion. Pelvic rock and sustained hip flexion were positive bilaterally. Muscle strength was 5 out of five in all limbs except for left extensor hallucis longus and left Gastrocnemius where strengths were 4+ of 5. The worker had change in condition due to new lumbar myelopathy symptoms of urinary incontinence. The treatment plan was for spine surgery scheduled on 04-01-2015. Prescriptions were written for Morphine sulfate IR 30 mg (since at least 11-04-2014), and Ambien (since at least 12-02-2014). Plans at that time were for follow-up in 4 weeks to monitor clinical progress. A request for authorization was submitted 05-04-2015 for Flexeril 10mg 1 Tab Po tid prn #90 with 0 Refills,

Hydromorphone 4mg 1 tab po tid prn #90 with 0 Refills, MS Contin 100mg 1 tab po bid #60 with 0 refills. A utilization review decision 05-11-2015 Non-certified the requests for MS Contin 100 mg, hydromorphone, and Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg 1 Tab Po tid prn #90 with 0 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: The California chronic pain medical treatment guidelines section on muscle relaxants states: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004) (Chou, 2004) This medication is not intended for long-term use per the California MTUS. The medication has not been prescribed for the flare-up of chronic low back pain but rather ongoing back, neck and shoulder pain This is not an approved use for the medication. For these reasons, criteria for the use of this medication have not been met. Therefore the request is not medically necessary.

Hydromorphone 4mg 1 tab po tid prn #90 with 0 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: When to Continue Opioids:(a) If the patient has returned to work(b) If the patient has improved functioning and pain (Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox-AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004) The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is no documented significant decrease in objective pain measures such as VAS scores for significant periods of time. There are no objective measures of improvement of function or how the medication improves activities. The work status is not mentioned. Therefore

all criteria for the ongoing use of opioids have not been met and the request is not medically necessary.

Ms Contin 100mg 1 tab po bid #60 with 0 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: When to Continue Opioids:(a) If the patient has returned to work (b) If the patient has improved functioning and pain (Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox-AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004) The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is no documented significant decrease in objective pain measures such as VAS scores for significant periods of time. There are no objective measures of improvement of function or how the medication improves activities. The work status is not mentioned. Therefore all criteria for the ongoing use of opioids have not been met and the request is not medically necessary.