

Case Number:	CM14-0128847		
Date Assigned:	08/18/2014	Date of Injury:	06/12/1997
Decision Date:	10/06/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	08/13/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 records presented for review indicate that this 66 year-old individual was reportedly injured on June 12, 1997. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated June 30, 2014, indicates that there are ongoing complaints of cervical spine pain, bilateral upper extremity and headache pain. The average pain is noted to be 5/10 and there is no change from the prior evaluation. The physical examination demonstrated a 5'2", normotensive (132/77) individual in no acute distress. There is tenderness to palpation to the lower cervical spine. There is no new neurologic deficit identified. Diagnostic imaging studies objectified postoperative cervical changes at C4-C5, C5-C6 & C6-C7. Previous treatment includes surgical intervention, spinal cord stimulator, and pain management interventions. A request had been made for multiple medications and was not certified in the pre-authorization process on July 16, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants. Decision based on Non-MTUS Citation Official Disability Guideline, Low Back, Muscle Relaxants

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Page(s): 66.

Decision rationale: Zanaflex (Tizanidine) is a centrally acting alpha 2-adrenergic agonist that is FDA approved for management of spasticity. It is unlabeled for use in low back pain. Muscle relaxants are only indicated as 2nd line options for short-term treatment. It appears that this medication is being used on a chronic basis which is not supported by California Medical Treatment Utilization Schedule (MTUS) treatment guidelines. Furthermore, when noting the pain levels and the unchanging physical examination there is no objectified efficacy established. Therefore, this medication is not medically necessary.

Nuvigil 150mg #15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines,"N" drug on the formulary Gold Standard. Nuvigil/Armodafinil is a psycho-stimulant and the R-enantiomer of the racemic compound modafinil

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter updated September, 2014

Decision rationale: This medication is not addressed in the MTUS or the ACOEM guidelines. Therefore the parameters noted in the ODG were applied. As such, this is "not recommended" salute to counteract sedation effects of narcotics. Based on the notes presented for review there is no other indication for this medication. Therefore, the medical necessity has not been established.

Morphine Sulfate 60mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74, 75, 78, 93 of 127.

Decision rationale: The California MTUS Guidelines support long-acting opiates in the management of chronic pain when continuous around-the-clock analgesia is needed for an extended period of time. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The claimant suffers from chronic pain; however, there is no documentation of improvement in their pain level or function with the current treatment regimen. In the absence of subjective or objective clinical data, this request is not medically necessary.

Morphine Sulfate 15mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74, 75, 78, 93 of 127.

Decision rationale: The California MTUS Guidelines support long-acting opiates in the management of chronic pain when continuous around-the-clock analgesia is needed for an extended period of time. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The claimant suffers from chronic pain; however, there is no documentation of improvement in their pain level or function with the current treatment regimen. In the absence of subjective or objective clinical data, this request is not medically necessary.

Methadone 10mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 61-62 of 127.

Decision rationale: As noted in the MTUS, this medication is recommended as a 2nd line drug for moderate to severe pain. The utilization of medication is only if the benefit outweighs the risk. It is noted that there is a severe morbidity and mortality associated with the use of this medication. This medication is used with caution and those people with decreased respiratory reserve (asthma, COPD, sleep apnea, severe obesity). Further, there are a number of basic rules that must be met when prescribing this medication, as outlined in the MTUS. The progress note presented does not support that each of these criterion have been met. Therefore, the ongoing use of this medication is not determined to be medically necessary.