

Case Number:	CM14-0149099		
Date Assigned:	09/18/2014	Date of Injury:	01/13/1974
Decision Date:	10/17/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/15/2014

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, has a subspecialty in Pain Medicine, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant is a 72 year-old female with a remote history of a work injury occurring on 01/13/74 with treatments including a cervical spine fusion. She continues to be treated for chronic neck and back pain. She underwent a lumbar epidural steroid injection on 02/10/14 and a cervical epidural steroid injection on 04/07/14. She was seen by the requesting provider on 07/08/14. She was having neck pain and back pain radiating into the upper and lower extremities. Pain was rated at 7/10 with medications and 10/10 without. Medications were methadone, Elavil, Prilosec, and Zanaflex. On 08/12/14 pain was rated at 7-8/10 with medications and 10/10 without. There had been a severe exacerbation of shoulder pain. Lumbar epidural injections had provided 60-70% pain relief. Physical examination findings included appearing in moderate to severe discomfort. She has a stiff gait. There was severe cervical paraspinal, trapezius, and rhomboid muscle tenderness with decreased range of motion. Spurling's testing was positive. There was decreased upper extremity sensation. She had limited lumbar spine range of motion with pain and positive straight leg raising bilaterally. Elavil 25 mg #90, Prilosec 20 mg #30, Zanaflex 2 mg #120, and methadone 10 mg #360 which was being taken every 4-8 hours as needed were refilled. Authorization for trigger point injections and a cervical epidural injection was requested. On 09/08/14 she was using a cane. She was having daily pain which was rated at 7.5/10 both with and without medications. Physical examination findings appear unchanged. Methadone 10 mg #360 was refilled.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Methadone 10mg #360: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Opioids, dosing Page(s): 76-80,86.

Decision rationale: The claimant is more than 30 years status post work-related injury and continues to be treated for chronic neck and back pain. Medications include opioids with a MED (morphine equivalent dose) of 1440 mg per day and Zanaflex being prescribed on a long term basis for muscle spasms. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED (morphine equivalent dose) being prescribed is more than 10 times the recommended MED. There are no unique features of this case that would support opioid dosing at this level and therefore Methadone 10mg #360 is not considered medically necessary.

Zanaflex 2mg #120 with three refills: Upheld

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

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

Decision rationale: The claimant is more than 30 years status post work-related injury and continues to be treated for chronic neck and back pain. Medications include opioids and Zanaflex being prescribed on a long term basis for muscle spasms. Tizanidine (Zanaflex) is a centrally acting alpha 2- adrenergic agonist that is FDA approved for the management of spasticity and prescribed off-label when used for low back pain. In this case, there is no identified new injury or acute exacerbation and Zanaflex is being prescribed on a long-term basis. It is therefore not medically necessary.

One prescription of Prilosec 20mg #30 with three refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 68-71.

Decision rationale: The claimant is more than 30 years status post work-related injury and continues to be treated for chronic neck and back pain. Elavil 25 mg, Prilosec 20 mg, Zanaflex 2 mg, and methadone 10 mg are being prescribed. Guidelines recommend an assessment of gastrointestinal symptoms and cardiovascular risk when considering use of a proton pump

inhibitor such as Prilosec when non-steroidal anti-inflammatory medications are used. In this case, the claimant is not being prescribed a non-steroidal anti-inflammatory medication and therefore a proton pump inhibitor such as Prilosec is not medically necessary.