

Case Number:	CM14-0083374		
Date Assigned:	07/21/2014	Date of Injury:	05/16/1992
Decision Date:	06/03/2015	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	06/05/2014

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. 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 58-year-old female, who sustained an industrial injury on May 16, 1992. The injured worker was diagnosed as having cervical pain, low back pain, fibromyalgia and myositis, psoriatic arthropathy, rheumatism, and chronic pain syndrome. Treatment to date has included home exercise program (HEP) and medication. Currently, the injured worker complains of neck pain, upper and lower back pain, and left anterior and posterior pain. The Primary Treating Physician's report dated May 6, 2014, noted the injured worker reported continued functional benefit with her pain medications. The injured worker's current medications were listed as Ambien, Celebrex, Morphine sulfate CR, Embrel, Hydroxyzine HCL, Levothyroxine, Elavil, Carvedilol, and Lorazepam. Physical examination was noted to show spinous process tenderness on C4, C5, and C6 with tenderness noted in the cervical paracervical muscles. The lumbar spine was noted to have tenderness to palpation on both sides of the paravertebral muscles. The treatment plan was noted to include requests for authorization for a HELP program referral and continued MS Contin.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 60 mg #120 (to last 30 days) with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 76-84.

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. 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.