

Case Number:	CM15-0010334		
Date Assigned:	01/27/2015	Date of Injury:	10/25/2001
Decision Date:	03/25/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/19/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 49 year old female, who sustained an industrial injury on October 25, 2001. The diagnoses have included ankylosing spondylosis, radiculopathy and status post two surgeries to the bilateral knees. Treatment has included pain medication, bilateral epidural steroid injections with good relief. Currently, the injured worker complains of difficulty staying asleep because her muscles tighten up and she reports that Zanaflex helps her get to sleep for about five hours. She reports constant aching dull biaxial low back pain with radiation of burning pain to both hips and buttocks and the entirety of both thighs down to the knees. She reports bilateral sharp stabbing pain in the lumbosacral region and constant numbness in the right great toe. Her back pain is rated a 5 on a 10-point scale. Her neck pain is constant and dull with occasional sharp pain with movement. On examination her gait was antalgic with a slight limp, her back straight and symmetrical. She reports tenderness to palpation over the left iliac crest and is able to flex with fingers 12 inches from the ground. Her right and left lower extremities showed full range of motion of the hips, knees and ankles bilaterally and her muscle strength was 5/5 at the extensors and flexors of the hips and knees bilaterally. She reports that she had greater than 50% relief with bilateral S1 epidural steroid injections and she is being weaned from MED 170. The evaluating physician continued her Norco and started the injured worker on Kadian. The evaluating physician recommended bilateral epidural steroid injections, continued yoga and a cognitive behavioral therapy consultation. On December 22, 2014 Utilization Review non-certified a request for morphine 60 mg #60, hydrocodone-acetaminophen 10-325 mg #60, pregabalin 75 mg #60 and tizanidine 4mg #60, noting the there was no objective functional

improvement documented for the continuation of hydrocodone-acetaminophen, morphine or pregabalin, no documentation of sleep hour or sleep quality prior to using tizanidine. The California Medical Treatment Utilization Schedule and Official Disability Guidelines were cited. On January 19, 2015, the injured worker submitted an application for IMR for review of morphine 60 mg #60, hydrocodone-acetaminophen 10-325 mg #60, pregabalin 75 mg #60 and tizanidine 4mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine (Kadian) 60mg # 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81; 124.

Decision rationale: The injured worker sustained a work related injury on October 25, 2001. The medical records provided indicate the diagnosis of ankylosing spondylosis, radiculopathy and status post two surgeries to the bilateral knees. Treatment has included pain medication, bilateral epidural steroid injections with good relief. The medical records provided for review do not indicate a medical necessity for Morphine (Kadian) 60mg # 60. The records do not indicate the opioids have been beneficial in pain reduction, improved function, and return to work, as is recommended by MTUS for continued use of opioids. Also, for this injured worker on long term opioids who is in the process of being weaned from opioids, the MTUS recommends weekly visits, but the record indicates she was given a 4 week appointment. Currently she is on 140 morphine equivalents, above the maximum recommended 120 morphine equivalents. Additionally, it is not clear from her records whether she is getting opioids from one prescriber: the records indicate she had prescription of opioids on 10/17/2014 from a Neurologist; on 12/08/2014, she was prescribed opioids by an anesthesiologist who noted she was last seen in April 2013, and there was no CURES provider overlap in 09/2009 through 02/2010, but cures report of 12/8/14 showed Avinza and Hydrocodone.

Hydrocodone- Acetaminphen 10/325 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 78-81. 124.

Decision rationale: The injured worker sustained a work related injury on October 25, 2001. The medical records provided indicate the diagnosis of ankylosing spondylosis, radiculopathy and status post two surgeries to the bilateral knees. Treatment has included pain medication, bilateral epidural steroid injections with good relief. The medical records provided for review do

not indicate a medical necessity for Hydrocodone- Acetaminphen 10/325 mg #60. The records do not indicate the opioids have been beneficial in pain reduction, improved function, and return to work, as is recommended by MTUS for continued use of opioids. Also, for this injured worker on long term opioids who is in the process of being weaned from opioids, the MTUS recommends weekly visits, but the record indicates she was given a 4 week appointment. Currently she is on 140 morphine equivalents, above the maximum recommended 120 morphine equivalents. Additionally, it is not clear from her records whether she is getting opioids from one prescriber: the records indicate she had prescription of opioids on 10/17/2014 from a Neurologist; on 12/08/2014, she was prescribed opioids by an anesthesiologist who noted she was last seen in April 2013, and there was no CURES provider overlap in 09/2009 through 02/2010, but cures report of 12/8/14 showed Avinza and Hydrocodone.

Pregabalin (Lyrica) 75mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-20.

Decision rationale: The injured worker sustained a work related injury on October 25, 2001. The medical records provided indicate the diagnosis of ankylosing spondylosis, radiculopathy and status post two surgeries to the bilateral knees. Treatment has included pain medication, bilateral epidural steroid injections with good relief. The medical records provided for review do not indicate a medical necessity for Pregabalin (Lyrica) 75mg #60. The MTUS recommends a documentation of up to 30% improvement with the antiepileptic drugs in order to continue treatment with with the antiepileptics. Although the report noted 60% improvement with medication, it did not indicate the contribution by this medication.

Tizanidlna (Zanaflex) 4mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines, ODG-TWC Pain Procedure

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

Decision rationale: The injured worker sustained a work related injury on October 25, 2001. The medical records provided indicate the diagnosis of ankylosing spondylosis, radiculopathy and status post two surgeries to the bilateral knees. Treatment has included pain medication, bilateral epidural steroid injections with good relief. The medical records provided for review do not indicate a medical necessity for Tizanidlna (Zanaflex) 4mg #60. The MTUS recommends liver functtusies in individuals on long term use of this medication. They are to be monitored baseline, 1, 3, and 6 months.