

Case Number:	CM15-0010629		
Date Assigned:	01/28/2015	Date of Injury:	10/21/2003
Decision Date:	03/24/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	01/20/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 56 year old male, who sustained an industrial injury on 10/21/2003. The injured worker has complaints of mid back pain. The diagnoses have included postlaminectomy syndrome cervical region. Treatment to date has included right carpal tunnel surgery; left carpal tunnel surgery; removal of posterior cervical lateral mass screws; Computed Tomography (CT) scan of the cervical spine 3/5/14 showed no significant spinal stenosis, or signs of foraminal or central canal narrowing at the adjacent levels at the operative levels; X-rays of the thoracic spine without any abnormalities; X-rays of the cervical spine showed significant spondylosis noted at C2-3; X-rays 12/7/12 showed C3-4 anterior-posterior fusion, C4 t C7 solid fusion, and no significant instability; Magnetic Resonance Imaging (MRI) of cervical spine and thoracic spine 10/10/12; Transcutaneous Electrical Nerve Stimulation (TENS) unit, therapy and medications. According to the utilization review performed on 1/13/15, the requested prospective request for 1 prescription of Amrix ER 30mg #80 has been non-certified and the requested prospective request for 1 prescription of Morphine ER 30mg #80 has been modified to 1 prescription of Morphine ER 30mg #51. The CA Chronic Pain Medical Treatment Guidelines states that Amrix is recommended as an option, using a short course therapy and recommended to be used for no longer than 2-3 weeks. The CA Chronic Pain Medical Treatment Guidelines the Morphine ER and Exalgo (Hydromorphone) ER is at a high dosage more than twice the recommended level of 120 MEDS, there is also no evidence of improvement in function.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective Request for 1 Prescription of Amrix ER 30mg #80: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available).

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

Decision rationale: The 56 year old patient presents with chronic neck pain that radiates to his right arm, as per progress report dated 01/13/15. The request is for PROSPECTIVE REQUEST OF 1 PRESCRIPTION OF AMRIX ER 30 MG # 80. There is no RFA for this case, and the patient's date of injury is 10/21/03. The patient is status post 3 level C4-C7 anterior fusion within one year of injury --- date not provided ---, status post right CTR on 11/06/04, status post posterior cervical decompression in 2006, status post revision anterior/posterior surgery in 2008, left CTR in 2009, and anterior and posterior cervical surgeries in 2012. The patient also underwent chemo and partial colectomy for colon cancer in 2010, as per progress report dated 01/13/15. Medications, as per progress report dated 12/18/14, include Morphine, Exalgo, Aspirin, Mobic, Amrix, K-tab, Cymbalta, Hydrochlorothiazide, Amlodipine, Metformin, and Lisinopril. CT myelogram, dated 10/14/14 as per progress report dated 12/18/14, revealed moderate foraminal stenosis at C4-5 and C7-T1 with possible impingement of the exiting right C5 and C8 nerve root. Diagnoses, as per the same report, included postlaminectomy syndrome of cervical region, polyneuropathy, myalgia, depression, insomnia and diabetes Type II. The patient is temporarily totally disabled, as per progress report dated 12/18/14. MTUS pg 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." In this case, a prescription for Amrix is first noted in progress report dated 06/05/14, and the patient was taking the medication consistently until it was denied. As per progress report dated 01/13/15, the patient tried withholding Amrix but started again as the medication was "helpful." However, he had to discontinue due to the denial. In progress report dated 12/18/14, the treater states that the medication was helpful with sleep as well. Nonetheless, the treater does not document specific improvement in function or reduction in pain. Additionally, MTUS only recommends short-term use of muscle relaxants. Hence, this request IS NOT medically necessary.

Prospective Request for 1 Prescription of Morphine ER 30mg #80: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Morphine Sulfate, and Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The 56 year old patient presents with chronic neck pain that radiates to his right arm, as per progress report dated 01/13/15. The request is for PROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF MORPHINE ER 30 mg # 80. There is no RFA for this case, and the patient's date of injury is 10/21/03. The patient is status post 3 level C4-C7 anterior fusion within one year of injury --- exact date not provided ---, status post right CTR on 11/06/04, status post posterior cervical decompression in 2006, status post revision anterior/posterior surgery in 2008, left CTR in 2009, and anterior and posterior cervical surgeries in 2012. The patient also underwent chemo and partial colectomy for colon cancer in 2010, as per progress report dated 01/13/15. Medications, as per progress report dated 12/18/14, include Morphine, Exalgo, Aspirin, Mobic, Amrix, K-tab, Cymbalta, Hydrochlorothiazide, Amlodipine, Metformin, and Lisinopril. CT myelogram, dated 10/14/14 as per progress report dated 12/18/14, revealed moderate foraminal stenosis at C4-5 and C7-T1 with possible impingement of the exiting right C5 and C8 nerve root. Diagnoses, as per the same report, included postlaminectomy syndrome of cervical region, polyneuropathy, myalgia, depression, insomnia and diabetes Type II. The patient is temporarily totally disabled, as per progress report dated 12/18/14. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, a prescription for Morphine is first noted in progress report dated 06/05/14, and the patient was taking the medication consistently at least since then. In progress report dated 12/18/14, the treater states that patient weaned himself and has been managing well with a lower dose of morphine. The treater also states that the patient used dose based on the extent of physical activity. The patient's UDS reports were consistent as well. However, the treater does not discuss a specific change in pain scale or specific impact on activities of daily living to show significant improvement. Only general statements are provided. There is no discussion about side effects and aberrant behavior. The four As, including analgesia, specific ADL's, adverse reactions, and aberrant behavior, are not specifically addressed, as required by MTUS. Hence, the request IS NOT medically necessary.