

Case Number:	CM15-0111516		
Date Assigned:	06/18/2015	Date of Injury:	10/04/2007
Decision Date:	07/16/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/09/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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:

This 60-year-old man sustained an industrial injury on 10/4/2007 after reaching for a case of meat. Evaluations include lumbar spine MRI dated 10/18/2007, undated discogram, and undated electromyogram. Diagnoses include lumbago, chronic pain syndrome, lumbar spine degenerative disc disease, morbid obesity, and muscle spasms. Treatment has included oral medications. Physician notes dated 4/28/2015 show complaints of chronic intractable low back pain with radiation down the bilateral lower extremities. The worker rates his pain 6/10 with medications and 9/10 without medications. The worker states he has not had his pain medications in two months as they have been denied. Recommendations include aquatic therapy, continue MSO4 ER, MSIR, Flexeril, Lidocaine patch, Fenniprofen, Prilosec, Theramine, and follow up in four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS IR 15mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 93, 78-80, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Morphine sulfate IR 15mg #60 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are lumbago; chronic pain syndrome; degenerative disc disease lumbar spine; morbid obesity; asthma muscle; long-term current use of medications; an encounter for therapeutic drug monitoring. Documentation shows Morphine sulfate 15mg IR, Flexeril 7.5 mg and Morphine sulfate ER 30 mg were prescribed in the December 9, 2014 progress note. Opana ER and IR were changed to Morphine sulfate ER and IR are respectively. Flexeril 7.5mg was decreased to one daily. The most recent progress in the medical record is documented April 28, 2015. Medications have been denied for approximately 2 months. There is no documentation in the medical record that demonstrates objective functional improvement with ongoing Morphine sulfate IR, Flexeril 7.5 mg and Morphine sulfate ER. Objectively, there is facet joint tenderness at the level of the lumbar spine. Range of motion is decreased and there is decreased sensation in the bilateral lower extremities. There are no detailed pain assessments. There are no risk assessments in the medical record. There has been no attempt at weaning either Morphine sulfate IR or ER. Consequently, absent clinical documentation demonstrating objective functional improvement to support ongoing morphine sulfate IR, detailed pain assessments, risk assessments, attempted weaning of opiates, Morphine sulfate IR 15mg #60 is not medically necessary.

Flexeril 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Flexeril 7.5mg #60 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are lumbago; chronic pain syndrome; degenerative disc disease lumbar spine; morbid obesity; asthma muscle; long-term current use of medications; an encounter for therapeutic drug monitoring. Documentation shows Morphine sulfate 15mg IR, Flexeril 7.5 mg and Morphine sulfate ER 30 mg were prescribed in the December 9, 2014 progress note. Flexeril 7.5mg was decreased to one daily. The most recent progress in the medical record is documented April 28, 2015. Medications have been denied for approximately

2 months. There is no documentation in the medical record that demonstrates objective functional improvement with ongoing Flexeril 7.5 mg. Objectively, there is facet joint tenderness at the level of the lumbar spine. Range of motion is decreased and there is decreased sensation in the bilateral lower extremities. There is no lumbar muscle spasm documented in the medical record. Flexeril is indicated for acute low back pain or an acute exacerbation of chronic low back pain. There is no documentation of acute low back pain or acute exacerbation of chronic low back pain in the medical record. Additionally, Flexeril is indicated for short-term (less than two weeks). The treating provider has continued Flexeril in excess of four months. There is no compelling clinical documentation to support the ongoing use of Flexeril. Consequently, absent clinical documentation with objective functional improvement, documentation of muscle spasm and guidelines non-recommendations to continue Flexeril in excess of four months (guidelines recommend shorter-term less than two weeks), Flexeril 7.5mg #60 is not medically necessary.

MSO4 ER 30mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 93, 78-80, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Morphine sulfate ER 30mg #60 I is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are lumbago; chronic pain syndrome; degenerative disc disease lumbar spine; morbid obesity; asthma muscle; long-term current use of medications; an encounter for therapeutic drug monitoring. Documentation shows Morphine sulfate 15mg IR, Flexeril 7.5 mg and Morphine sulfate ER 30 mg were prescribed in the December 9, 2014 progress note. Opana ER and IR were changed to Morphine sulfate ER and IR are respectively. Flexeril 7.5mg was decreased to one daily. The most recent progress in the medical record is documented April 28, 2015. Medications have been denied for approximately 2 months. There is no documentation in the medical record that demonstrates objective functional improvement with ongoing Morphine sulfate IR, Flexeril 7.5 mg and Morphine sulfate ER. Objectively, there is facet joint tenderness at the level of the lumbar spine. Range of motion is decreased and there is decreased sensation in the bilateral lower extremities. There are no detailed pain assessments. There are no risk assessments in the medical record. There has been no attempt at weaning either Morphine sulfate ER or IR. Consequently, absent clinical documentation demonstrating objective functional improvement to support ongoing Morphine sulfate ER, detailed pain assessments, risk assessments, attempted weaning of opiates, Morphine sulfate ER 30mg #60 is not medically necessary.