

Case Number:	CM15-0113646		
Date Assigned:	06/22/2015	Date of Injury:	06/14/1993
Decision Date:	07/21/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	06/12/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 59 year old male who sustained an industrial injury on 06/14/93. He is currently being treated for chronic back pain. Treatments have included lumbar fusion and medication. Primary treating physician's progress report dated 01/27/15 reports injured worker with continued ongoing pain as before in the back and buttock area. Medications include: Morphine Sulfate ER, Oxycodone, Ativan, Klonopin, Skelaxin and Lidoderm patches. Diagnoses: sprain lumbar region, lumbosacral degenerative, lumbago and thoracic/lumbar neuritis. Plan of care includes: continue medications and return for follow in 2 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine Sulfate ER 60 mg #240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86.

Decision rationale: The claimant has a history of a work injury occurring in June 1993 and continues to be treated for chronic back pain. When seen, his condition was unchanged. He was noted to be shifting his posture and position due to pain. Medications being prescribed included Zanaflex and MS Contin and oxycodone at a total MED (morphine equivalent dose) of 420 mg per day. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is more than 3 times that recommended and there is no documentation that this medication is providing decreased pain, increased level of function, or improved quality of life. Ongoing prescribing at this dose was not medically necessary.

Zanaflex 4 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), p63-66.

Decision rationale: The claimant has a history of a work injury occurring in June 1993 and continues to be treated for chronic back pain. When seen, his condition was unchanged. He was noted to be shifting his posture and position due to pain. Medications being prescribed included Zanaflex and MS Contin and oxycodone at a total MED (morphine equivalent dose) of 420 mg per day. Zanaflex (tizanidine) 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 muscle relaxants have been prescribed on a long-term basis. The claimant does not have spasticity due to an upper motor neuron condition. It is not medically necessary.