

<b>Case Number:</b>	CM15-0061084		
<b>Date Assigned:</b>	04/07/2015	<b>Date of Injury:</b>	09/27/2004
<b>Decision Date:</b>	05/12/2015	<b>UR Denial Date:</b>	03/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/31/2015

### 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, Massachusetts  
 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 34 year old male, who sustained an industrial injury on 9/27/2004. He reported a back injury after pulling a heavy sprayer over a step. The injured worker was diagnosed as having major depressive disorder with psychotic features, lumbar disc displacement without myelopathy, lumbar degenerative disc disease, cervical disc displacement and lumbar stenosis. Lumbar magnetic resonance imaging showed disc bulge at lumbar 4-5 and central and foraminal narrowing. Treatment to date has included chiropractic care, acupuncture, epidural steroid injection and medication management. In progress notes dated 2/2/2015 and 3/2/2015, the injured worker complains of lower back pain. The treating physician is requesting Morphine Sulfate and Zanaflex (Tizanidine).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Morphine Sulfate 30mg ER #120:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for us Page(s): 76-96.

**Decision rationale:** CA MTUS guidelines require that criteria for continued long-term use of opioids require ongoing review and documentation of pain relief, functional status improvement, appropriate use, screening of side effects and risk for abuse, diversion and dependence. From my review of the provided medical records, specifically noting the note from [REDACTED] on 4/09/15 in which he outlines that the patient is experiencing quantifiable improvement with ongoing use of long-acting opioids such as the prescribed medication. VAS score have improved with noted improvement in objective physical exam findings and functional capacity. There has been no escalation, UDS have been appropriate, there are no reported side effects, and no reported concerns of abuse. Additionally when the patient was discontinued on the medication, he had difficulty completing ADLs as indicated in the 4/09/15 clinic note. Consequently continued use of long acting opioids is supported by the medical records and guidelines as being medically necessary.

**Tizanidine Zanaflex 4mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics, page(s) 64-66.

**Decision rationale:** Muscle relaxants are recommended as second line option for short-term treatment of acute exacerbations of muscle spasm in patients with chronic lower back pain. According to the cited guidelines muscle relaxants provide no additional benefit in managing chronic back pain and spasm beyond NSAIDs, which the patient is already taking regularly. Additionally efficacy appears to diminish over time and prolonged use increases risk of dependence and tolerance. Consequently the provided medical records and cited guidelines do not support continued long-term chronic use of muscle relaxants as being clinically necessary at this time.