

Case Number:	CM13-0003161		
Date Assigned:	12/11/2013	Date of Injury:	05/16/2009
Decision Date:	01/17/2014	UR Denial Date:	07/12/2013
Priority:	Standard	Application Received:	07/24/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, Pulmonary Diseases, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 39-year-old male with a reported date of injury of 05/16/2009. The patient has a history of low back pain symptoms. The patient's medication regimen includes Opana ER and Opana IR. Medications also included Lyrica, Cidaflex, and arnica gel. The patient has a diagnosis of chronic pain syndrome. Notes indicate that the patient's pain decreases from 10/10 without medications to 5/10 to 7/10 with medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana IR 10 mg, #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78.

Decision rationale: CA MTUS guidelines recommend "The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant

drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." In addition, California MTUS Guidelines do not recommend more than 120 mg morphine equivalent doses per day. The patient's current regimen exceeds this recommendation and is at approximately 180 mg morphine equivalent. The patient has also had inconsistent urine drug screens that have not been addressed in the documentation. As such, the request for Opana IR 10 mg #120 is not medically necessary.

Cidaflex, #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine/Chondroitin Page(s): 50-51.

Decision rationale: CA MTUS guidelines state that Glucosamine (and Chondroitin Sulfate) are "recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis." The documentation submitted for review fails to indicate that the patient has evidence of knee osteoarthritis to support the requested medication. In addition, there is a lack of documentation the patient has had any significant symptom relief with this specific medication. As such, the request is non-certified at this time.

Arnica gel: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Herbal medicines

Decision rationale: Official Disability Guidelines state that "caution is advised since product quality may be uncertain due to the lack of regulations" on herbal medicines. The documentation submitted for review fails to provide a sufficient clinical rationale for why this herbal medication would be required, given the patient's medication regimen including multiple classes of drugs. There is a lack of high-quality, abundant scientific literature to support the safety and efficacy of arnica gel. As such, the request is not supported at this time.