

Case Number:	CM13-0023784		
Date Assigned:	12/27/2013	Date of Injury:	10/10/1998
Decision Date:	03/18/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	09/12/2013

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 Physical Medicine & Rehabilitation has a subspecialty Neuromuscular Medicine and is licensed to practice in Maryland. 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 had an injury on 10/10/98 when he jumped off the forklift and sustained plantar fasciitis in the right foot, low back pain and severe knee problems. There is a request for the medical necessity of Opana ER 40mg one times three (#90), Lyrica 50mg one times two (#60), Baclofen 10mg one times four (#120); Phenergan 25mg one times three (#90). Documentation indicates that his diagnoses include: chronic back pain; chronic right knee pain; chronic opioid analgesic therapy in excess of 120 morphine equivalents. . The 11/14/13 primary treating physician office note indicates that the patient does not want to taper off of his medication right now. He does not want to switch to a different medication that is easier to taper off. During the interval since his last visit he complains of pain in his neck, back, legs, knees, feet, arms, shoulders, and hands. He reports that his feet and legs have been like they're on fire. His back, legs, arms, hands, and shoulders have been having spasms. On the pain person diagram he marks the location of his pain as being in his entire body except for the head, face, chest, abdomen, groin, buttocks, and feet. His average pain level since his last visit has been 4-7/10. His pain level before taking medications is 9-10/10 and after taking medications is 4-6/10. It takes 30-60 minutes after taking medications to get improvement and the improvement in pain lasts for 3-5 hours. His pain is aggravated by bending, twisting, lifting, walking, and sitting. His pain is improved with medication. He writes that a TENS unit would help a lot. His activities of daily living include cooking, house chores, and outdoor activities. He is not employed. On physical exam patient is noted to ambulate with a normal gait showing bilateral weight bearing and equal stride length. Range of motion of the lumbar spine is decreased. He sits and stands without difficulty. Lumbar myotomes are 5/5. There are no gross neurological abnormalities. The treatment plan involved stopping Neurontin and increasing Lyrica to 4 tablets daily. There was

mention of addressing Phenergen following this and after 1/1/14 making reasonable changes to patient's medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana ER 40 mg 1x3 #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Classifications; Short-acting/Long-acting opioids Page(s): 75, 79-80.

Decision rationale: Opana ER 40mg one times three (#90) is not medically necessary per the MTUS guidelines. There is no indication from submitted documentation that the patient has had any aberrant medication misuse. However, there is also no indication from documentation submitted that Opana has improved patient's pain or functional status to a significant degree therefore Opana is not medically necessary. MTUS guidelines state that opioids should be discontinued if there is no overall improvement in function unless there are extenuating circumstances. Also opioids should be continued when patient has improved functioning and pain or returned to work. Patient has not returned to work and not had significant improvement in his functional level therefore Opana is not medically necessary.

Lyrica 50mg 1x2 #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19-20.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-19.

Decision rationale: Lyrica 50mg one times two (#60) is not medically necessary per MTUS guidelines. Lyrica is considered an antiepileptic medication. MTUS guidelines indicate that antiepileptic medications are recommended for neuropathic pain (pain due to nerve damage). Documentation submitted reveals no objective findings suggestive of neuropathic pathology. Furthermore, documentation reveals that patient has been on Lyrica since at least December 2012 without significant functional improvement. The MTUS guidelines do not recommend continuing anti-epilepsy drugs (AEDs) without improved outcomes in pain or function.

Baclofen 10mg 1x4 #120: Upheld

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

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

Decision rationale: Baclofen 10mg one times four (#120) is not medically necessary per MTUS guidelines. Per the MTUS Baclofen is an antispasmodic type of muscle relaxant that is for spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries and has benefits for treating lancinating, paroxysmal neuropathic pain. The MTUS recommends non-sedating muscle relaxants as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Per the MTUS the efficacy appears to diminish over time. Patient has been on this medication since at least Dec. 2012 per documentation with no indication of significant functional improvement. Patient also does not have spasticity from a spinal cord injury, multiple sclerosis. Patient also does not describe lancinating paroxysmal neuropathic type pain Therefore this medication is not necessary.

Phenergan 25mg 1x3 #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Antiemetics (for opioid nausea)

Decision rationale: Phenergan 25mg one times three (#90) is not medically necessary per ODG guidelines. The MTUS is silent on the topic of Phenergan. The ODG states that Phenergan is a sedative and antiemetic used in pre-operative and post-operative situations. The ODG does not recommend antiemetics for nausea from chronic opioid use. The documentation indicates that the Phenergan is being prescribed for medication related nausea. Patient is not a preoperative or post op patient. Records indicated patient has been on this since at least 12/10/12. Continuing Phenergan is not medically necessary or appropriate.