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| Case Number: | CM13-0048577 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 10/23/2008 |
| Decision Date: | 03/20/2014 | UR Denial Date: | 10/27/2013 |
| Priority: | Standard | Application Received: | 11/05/2013 |

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 Occupational Medicine 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:

Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; attorney representation; transfer of care to and from various providers in various specialties; prior lumbar laminectomy; psychotropic medications; short and long-acting opioids; handicap placard; and work restrictions. It is not clear whether that the applicant has returned to work with said limitations in place. In a utilization review report of October 27, 2013, the claims administrator partially certified a request for Opana for weaning proposes, partially certified Norco for weaning purposes, denied a request for tizanidine, certified a request for Lyrica, certified a request for Cymbalta, denied a request for methadone, and a denied request for MS Contin. The applicant's attorney subsequently appealed. An earlier clinical progress note of August 28, 2013 is notable for comments the applicant returns for medication refill. She states that her treatment is resulting in improved performance of daily household chores and activities of daily living. She is status post gastric bypass, breast implantation, gallbladder removal, lumbar fusion, ankle surgery, and foot surgery. She is on Morphine, methadone, Cymbalta, Lyrica, Norco, tizanidine, and Opana. She is issued several medication refills. It is stated that it is not clear whether Opana improves her function as she has not had complete trial of the same. The applicant is given prescriptions for Opana extended release, tizanidine, Norco, Lyrica, and Cymbalta. It does not appear that Morphine or methadone is refilled on this date. It is stated that there is "90% improvement with treatment." A later note of October 23, 2013 is notable for comments that the applicant states that her sitting, standing, walking, and lifting tolerance are improved as a result of ongoing opioid usage.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana ER 10mg #56: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioid Page(s): 80.

Decision rationale: In this case, the attending provider's documentation does seemingly suggest that the applicant meets some of the criteria set forth on page 80 of the MTUS Chronic Pain Guidelines for continuation of opioid therapy. Specifically, there is evidence of appropriate analgesia and improved performance of non-work activities of daily living effected as a result of ongoing Opana usage, although it is incidentally noted that it is not clearly stated whether or not applicant has in fact returned to work or not. Nevertheless, page 78 of the MTUS Chronic Pain Guidelines stipulates that the "lowest possible dose" of opioids should be prescribed to improve pain and function. In this case, the attending provider has seemingly furnished the applicant with four different opioid analgesics, Norco, Opana, Morphine and methadone. It is not clearly stated in the medical records provided for review why one or two opioids will not or do not suffice here. Therefore, the request is not medically necessary and appropriate.

Norco 10/325mg #168: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-81.

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

Decision rationale: As noted on page 78 of the MTUS Chronic Pain Guidelines, the lowest effected dose of opioids should be prescribed to improve pain and function. In this case, it is not clearly stated why the applicant needs to use four different opioid analgesics, Norco, methadone, MS Contin, and Opana. The documentation on file suggests that the bulk of the applicant's analgesia has been affected as a result of ongoing Opana usage. It is unclear why four different short-acting and long-acting opioids have been provided. The medical records provided for review do not clearly detail or describe why the applicant needs to use so many different opioid analgesics. It is further noted that this may, in part, reflect some of the applicant's historical medications being carried over from visit to visit. Nevertheless, continuing four separate long and short acting opioids cannot be supported here. Therefore, the request is not medically necessary and appropriate.

Methadone 5mg #112: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 78.

Decision rationale: As noted on page 78 of the MTUS Chronic Pain Guidelines, the lowest possible dose of opioids should be prescribed to improve pain and function. In this case, it not clearly stated why the applicant needs to use four different opioids, Morphine, methadone, Norco, and Opana. The medical records provided for review do not clearly state how each individual opioid is beneficial here. Therefore, the request is not medically necessary and appropriate.

MS Contin 15mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-81.

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

Decision rationale: As with the Opana, Norco and methadone, page 78 of the MTUS Chronic Pain Guidelines suggests that lowest possible dose of opioid should be prescribed to improve pain and function. In this case, the attending provider has not provided any clear or compelling rationale as to why four different opioids are needed here. Therefore, the request is not medically necessary and appropriate.

Tizanidine 4mg #56: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine Page(s): 66.

Decision rationale: As noted on page 66 of the MTUS Chronic Pain Guidelines, Tizanidine or Zanaflex is FDA approved in the management of spasticity and can be employed, off label, for low back pain, myofascial pain, and/or fibromyalgia. In this case, the information on file suggests that the applicant has demonstrated appropriate analgesia and improved performance of non-work activities of daily living through ongoing medication usage, including ongoing tizanidine usage. Therefore, the request is medically necessary and appropriate.