

<b>Case Number:</b>	CM13-0055943		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	08/22/1997
<b>Decision Date:</b>	03/18/2014	<b>UR Denial Date:</b>	11/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2013

### 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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 50-year-old female with an 8/22/97 date of injury. At the time of request for authorization for Opana ER 40 mg, # 60, MSIR 15 mg, #180, Flexeril 10 mg, #180, and Kadian 80 mg, #60, there is documentation of subjective (worsening pain with weather changes with cramps in the back that radiate to the legs at times) and objective (inability to ambulate or transfer from sitting without assistance, moderate bilateral edema and tenderness across the low back, weakness in the lower extremities, tender to touch in the ankles, and swelling of 1+ bilaterally) findings, current diagnoses (lumbago, displacement of lumbar disc without myelopathy, and degenerative lumbar/lumbosacral disc intervertebral disc), and treatment to date (medications(Opana, MSIR, Flexeril, and Kadian, since November 2012)). Regarding Opana, MSIR, and Kadian, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Regarding Flexeril, there is no documentation of acute muscle spasms and the intention to treat over a short course.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Opana ER 40 mg, # 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Oxymorphone (Opana), Opioids Page(s): 74-80, 93.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Oxymorphone (Opana), Opioids Page(s): 74-80, 93.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines state that Oxymorphone (Opana®), Oxymorphone Extended Release (Opana ER®) is not intended for prn use. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies that opioids for chronic back pain appear to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited. Furthermore, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of Oxymorphone. Within the medical information available for review, there is documentation of diagnoses of lumbago, displacement of lumbar disc without myelopathy, and degenerative lumbar/lumbosacral disc intervertebral disc. In addition, there is documentation of records reflecting prescriptions for Opana ER 40 mg since at least 11/1/12. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Therefore, based on guidelines and a review of the evidence, the request for Opana ER 40 mg, # 60 is not medically necessary.

**MSIR 15 mg, #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Morphine Sulfate, Opioids Page(s): 74-80, 93.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Morphine Sulfate, Opioids Page(s): 74-80, 93.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines states that controlled, extended and sustained release preparations of Morphine sulphate should be reserved for patients with chronic pain, who are need of continuous treatment. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies that opioids for chronic back pain appear to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited. Furthermore, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of Morphine Sulphate. Within the medical information available for review, there is documentation of diagnoses of lumbago, displacement of lumbar disc without myelopathy, and degenerative lumbar/lumbosacral disc intervertebral disc. In addition, there is documentation of records reflecting prescriptions for MSIR 15 mg since at least 11/1/12. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and

there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Therefore, based on guidelines and a review of the evidence, the request for MSIR 15 mg, #180 is not medically necessary.

**Flexeril 10 mg, #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain)

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that Flexeril is recommended for a short course of therapy. ODG identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of diagnoses of lumbago, displacement of lumbar disc without myelopathy, and degenerative lumbar/lumbosacral disc intervertebral disc. However, there is no documentation of acute muscle spasm. In addition, given documentation of records reflecting prescriptions for Flexeril since at least 11/1/12, there is no documentation of the intention to treat over a short course (less than two weeks). Therefore, based on guidelines and a review of the evidence, the request for Flexeril 10 mg, #180 is not medically necessary.

**Kadian 80 mg, #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Kadian (Morphine Sulfate), Opioids Page(s): 74-80, 93.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines states that controlled, extended and sustained release preparations of Morphine sulphate should be reserved for patients with chronic pain, who are need of continuous treatment. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies that opioids for chronic back pain appear to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited. Furthermore, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of Kadian (Morphine Sulfate). Within the medical information available for review, there is documentation of diagnoses of lumbago, displacement of lumbar disc without myelopathy, and degenerative lumbar/lumbosacral disc intervertebral disc. In addition, there is documentation of records reflecting prescriptions for

Kadian 80 mg since at least 11/1/12. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Therefore, based on guidelines and a review of the evidence, the request for Kadian 80 mg, #60 is not medically necessary.