

Case Number:	CM13-0061719		
Date Assigned:	05/07/2014	Date of Injury:	11/20/2006
Decision Date:	06/12/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	12/05/2013

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. The expert reviewer is Board Certified in Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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/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 injured worker is a 58 year old male who reported an injury on 11/20/2006 secondary to unknown mechanism of injury. The diagnoses included lumbar disc displacement without myelopathy, degenerative disc disease and lumbago. The injured worker was evaluated on 10/30/2013 for reports of severe back pain rated at a 10/10. The exam noted functional range of motion of lower extremities, stiffness and antalgic gait, decreased sensation to light touch over the lower extremities and back flexion at 40 degrees and extension at 0 degrees. The treatment plan included continued medication therapy. The request for authorization dated 11/06/2013 was in the documentation provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

OPANA ER 40MG, 2 TABS PER MOUTH EVERY 12 HOURS #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-95.

Decision rationale: The request for Opana ER 40mg, 2 tabs per mouth every 12 hours #120 is not medically necessary. The California MTUS Guidelines recommend the use of opioids for the

on-going management of chronic low back pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of evidence of an objective assessment of the injured workers pain level, functional status, evaluation of risk for aberrant drug use behavior and side effects. Therefore, based on the documentation provided, the request is not medically necessary.

OPANA IR 10MG, 1 TAB PER MOUTH EVERY 4 HOURS #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-95.

Decision rationale: The request for Opana IR 10mg, 1 tab per mouth every 4 hours #180 is not medically necessary. The California MTUS Guidelines recommend the use of opioids for the on-going management of chronic low back pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of evidence of an objective assessment of the injured workers pain level, functional status, evaluation of risk for aberrant drug use behavior and side effects. Therefore, based on the documentation provided, the request is not medically necessary.

RITALIN 5MG 1-2 TABS PER MOUTH EVERY MORNING FOR SEDATION #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, Head.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Rxlist.com, Ritalin, Online Database.

Decision rationale: The request for Ritalin 5mg 1-2 tabs per mouth every morning for sedation #90 is not medically necessary. Rxlist notes the FDA recommends Ritalin as an integral part of a total treatment program which typically includes other remedial measures (psychological, educational, social) for a stabilizing effect in children with a behavioral syndrome characterized by the following group of developmentally inappropriate symptoms: moderate-to-severe distractibility, short attention span, hyperactivity, emotional lability, and impulsivity. The diagnosis of this syndrome should not be made with finality when these symptoms are only of comparatively recent origin. No localizing (soft) neurological signs, learning disability, and abnormal EEG may or may not be present, and a diagnosis of central nervous system dysfunction may or may not be warranted. There is a lack of evidence of diagnoses supporting the need for Ritalin as indicated. Ritalin is not recommended to be used for sedation. The efficacy of the medication was unclear within the medical records. Therefore, the request is not medically necessary.

AMRIX 15MG, 1 TAB PER MOUTH EVERY HOUR OF SLEEP #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTISPASMODICS Page(s): 64. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ANTISPASMODICS, 64

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 63-66.

Decision rationale: The request for Amrix 15mg, 1 tab per mouth every hour of sleep #15 is not medically necessary. The California MTUS Guidelines recommend the use of muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The documentation provided indicates the injured worker has been prescribed Amrix and/or other muscle relaxants since at least 06/13/2013. The efficacy of the medication was unclear. Therefore, the request is not medically necessary.