

Case Number:	CM14-0009460		
Date Assigned:	02/14/2014	Date of Injury:	08/31/2007
Decision Date:	07/25/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/24/2014

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 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 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 patient is a 53-year-old male who has submitted a claim for chronic low back pain, bilateral meralgia paresthetica, sacroiliitis, and psychological issues associated with an industrial injury date of August 31, 2007. Medical records from 2013-2014 were reviewed. The patient complained of low back pain, grade 6-7/10 in severity. The pain was characterized as dull, throbbing, and sharp. The pain radiates to the groin and thighs bilaterally, left more than the right. Physical examination showed tenderness on the lumbar spine and sacroiliac joint. Myofascial spasms were noted on the quadratus lumborum. Lumbar range of motion was normal. Straight leg raising caused some tightness in the hamstrings and some mild back pain. Lasegue maneuver was positive. Deep tendon reflex were 1+ at the patellar tendon regions and absent at the Achilles region bilaterally. There was decreased sensation on the anterolateral aspect of the thighs. Magnetic resonance imaging (MRI) of the lumbar spine, dated June 10, 2013, revealed s/p L4-L5 pedicle screw fusion anatomically aligned without apparent complication, broad based left paracentral left lateral L5-S1 disc protrusion mildly effacing the anterior left thecal sac and mildly displacing the budding left S1 nerve root. Treatment to date has included medications, physical therapy, psychotherapy, aquatic therapy, home exercise program, activity modification, hernia repairs, hemorrhoidectomy, appendectomy, left lateral femoral cutaneous nerve block, bilateral median branch block at L4, L5, and S1, bilateral radiofrequency neurolysis of medial branch nerve at L4 and L5 dorsal ramus nerve at S1, lumbar epidural steroid injection, and left L4-L5 facetectomy, left discectomy, and interbody fusion. Utilization review, dated December 30, 2013, modified the requests for 1 prescription for Opana 10mg #90 to 1 prescription for Opana 10mg #68, and 1 prescription for Opana ER 20mg #60 to 1 prescription for Opana ER 20mg #45 to initiate a weaning process and because the documentation did not provide measurable evidence of functional improvement due to the use of

the medication. Furthermore, the patient was high risk for misuse and possible abuse. The request for 1 prescription for Flexeril 30mg #3 was denied because use of cyclobenzaprine beyond 2-3 weeks or for chronic conditions was not recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

OPANA 10MG #90: Upheld

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

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

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief (analgesia), side effects (adverse side effects), physical and psychosocial functioning (activities of daily living) and the occurrence of any potentially aberrant drug-related 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 this case, the patient has been taking opioids since October 2010. He started taking Opana since September 2013. Recent progress report dated April 22, 2014 states that the medications were being progressively cut down but there was difficulty tolerating the worsening pain. However, specific measures of analgesia and functional improvements such as improvements in activities of daily living were not documented from the medication. Furthermore, there was mention that the patient was resorting to smoking more marijuana. There is a potential for aberrant drug-taking behavior. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Opana 10mg #90 is not medically necessary.

OPANA ER 20MG #60: Upheld

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

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

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief (analgesia), side effects (adverse side effects), physical and psychosocial functioning (activities of daily living) and the occurrence of any potentially aberrant drug-related 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 this case, the patient has been taking opioids since October 2010. He started taking Opana ER since September 2013. Recent progress report dated April 22, 2014 states that the medications were being progressively cut

down but there was difficulty tolerating the worsening pain. However, specific measures of analgesia and functional improvements such as improvements in activities of daily living were not documented from the medication. Furthermore, there was mention that the patient was resorting to smoking more marijuana. There is a potential for aberrant drug-taking behavior. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Opana ER 20mg #60 is not medically necessary.

FLEXERIL 30MG #3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (FLEXERIL).

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

Decision rationale: Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants. According to pages 41-42 of the CA MTUS Chronic Pain Medical Treatment Guidelines, sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain (LBP). However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. In addition, efficacy appears to diminish over time and prolonged use of some medications in this class may lead to dependence. The effect is modest and comes at the price of greater adverse effects. In this case, the date of initial intake of Flexeril is unknown but the earliest documented use was January 2011. Recent progress report dated April 22, 2014 states that the medications were being progressively cut down but there was difficulty tolerating the worsening pain. However, there was no documentation regarding significant relief of pain and functional improvement from cyclobenzaprine. Furthermore, guidelines do not support the chronic use of Flexeril. Therefore, the request for Flexeril 30mg #3 is not medically necessary.