

Case Number:	CM14-0106009		
Date Assigned:	07/30/2014	Date of Injury:	10/04/2007
Decision Date:	10/08/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/09/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 injured worker is a 59 year old male who reported an injury on 10/04/2012. The mechanism of injury was he reportedly reached over and felt his back pop. His diagnoses were lumbago, chronic pain syndrome, degenerative disc disease, and morbid obesity. His previous treatments were not provided. He had an MRI of the lumbar spine on 10/18/2007 that showed L4-5 disc degeneration and broad based disc bulge, disc bulge at L5-S1, and mild bilateral neuroforaminal stenosis. He also had electromyography done which revealed L5-S1 radiculopathy. His previous surgery consisted of right knee meniscus repair in 2002. The note from 06/10/2014 showed the injured worker reported persistent pain and rated his pain level 4/10. His medications were noted as Flexeril 10mg 3 times per day, Percocet 10/325mg 4 times daily, and Hydromorphone 4mg 4 times daily. The physician also prescribed him with Anaprox 550mg twice daily on that visit. Objective findings on 07/23/2014 included decreased range of motion of the lumbar spine with extension at 15 degrees, flexion at 80 degrees, motor examination was 5/5 and equal, and no focal neurological deficits noted. The physician noted that the injured worker was able to perform activities of daily living with his medications and was unable to get out of bed due to the pain without his medications. On this date his medications were noted as Opana extended and immediate release and Flexeril. The treatment plan was for Opana immediate release 5mg #60, Flexeril 7.5mg 3 times daily #90, and Opana extended release 20mg twice daily #60. The rationale for request was so that the injured worker can have his medication to perform activities of daily living and get out of bed. The request for authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana IR 5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use of opioids, Weaning of Medications, Oxym.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-82, 84-88.

Decision rationale: Based on the clinical information submitted for review, the request for Opana immediate release 5mg #60 is not medically necessary. As stated in California MTUS Guidelines, opioids for chronic back pain appear to be effective but limited for short-term pain relief, and long term efficacy is unclear. A reassessment and consideration of alternative therapy is considered after failure to respond to a time limited course of opioids. Furthermore, it is indicated that the pain and functional improvement be documented in comparison to the baseline and attempt other treatments since the use of opioids. The injured worker reportedly felt his back pop while reaching for something while at work. His MRI of the lumbar spine showed bilateral neuroforaminal stenosis. He reported persistent pain. The guidelines indicate that the pain and functional improvement should be documented, which the physician reported that the injured worker needed his pain medications to perform his activities of daily living and to get out of bed. Although, the patient reported his pain level at 4/10 on the 06/10/2014 visit, a detailed pain assessment was not completed which includes what his baseline is, what his level of pain is before/after taking the medication, and how long the medication lasts; therefore, it is not possible to determine the efficacy of the medication. Also, the note from 06/10/2014 stated that the urine drug screen from 02/18/2014 was consistent with the injured worker's medications; however, the urine drug screen report from 05/23/2014 showed that the sample was inconsistent with his prescribed medications and the issue was not addressed as it was not documented in the clinical notes. The physician notes had inconsistent information as the office visit on 06/10/2014 showed the injured worker was taking Flexeril 10mg 3 times per day, Percocet 10/325mg 4 times daily, and Hydromorphone 4mg 4 times daily and the note from 07/23/2014 noted he was only taking Opana extended/immediate release and Flexeril. As there was no note of discontinuation for Percocet and Hydromorphone, the calculated total daily morphine equivalent dose of the opioids was 244mg, which the recommended value is 120mg and below. The request failed to provide the frequency of use for the medication. As such, the request for Opana immediate release 5mg #60 is not medically necessary.

Flexeril 7.5mg TID #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64.

Decision rationale: Based on the clinical information submitted for review, the request for Flexeril 7.5mg 3 times daily #90 is not medically necessary. As stated in California MTUS

Guidelines, Flexeril is recommended for a short course therapy, up to 3 weeks, due to limited evidence that does not allow for chronic use. In most low back pain cases muscle relaxants show no benefit beyond NSAIDs in pain and overall improvement. The effectiveness of the medication appears to diminish over time and prolonged use of some muscle relaxants may lead to dependence. The injured worker reportedly felt his back pop while reaching for something while at work. His MRI of the lumbar spine showed bilateral neuroforaminal stenosis. He reported persistent pain with a pain level of 4/10 at his 06/10/2014 visit. It was documented that he has been taking Flexeril for several months; however the guidelines state use should not be longer than 3 weeks due to decreased effectiveness of the medication and a possibility of dependence. The injured worker was noted to be taking Opana extended and immediate release with the Flexeril and he reported that it helped the injured worker complete his activities of daily living and get out of bed. It was noted on 06/10/2014 that the physician had prescribed the injured worker an NSAID, which according to the guidelines; muscle relaxants show no benefit beyond NSAIDs in pain and overall improvement. As such, the request for Flexeril 7.5mg 3 times daily #90 is not medically necessary.

Opana ER 20mg BID #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use of opioids, Weaning of Medications, Oxym.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-82, 84-88.

Decision rationale: Based on the clinical information submitted for review, the request for Opana extended release 20mg twice daily #60 is not medically necessary. As stated in California MTUS Guidelines, opioids for chronic back pain appear to be effective but limited for short-term pain relief, and long term efficacy is unclear. A reassessment and consideration of alternative therapy is considered after failure to respond to a time limited course of opioids. Furthermore, it is indicated that the pain and functional improvement be documented in comparison to the baseline and attempt other treatments since the use of opioids. The injured worker reportedly felt his back pop while reaching for something while at work. His MRI of the lumbar spine showed bilateral neuroforaminal stenosis. He reported persistent pain. The guidelines indicate that the pain and functional improvement should be documented, which the physician reported that the injured worker needed his pain medications to perform his activities of daily living and to get out of bed. Although, the patient reported his pain level at 4/10 on the 06/10/2014 visit, a detailed pain assessment was not completed which includes what his baseline is, what his level of pain is before/after taking the medication, and how long the medication lasts; therefore, it is not possible to determine the efficacy of the medication. Also, the note from 06/10/2014 stated that the urine drug screen from 02/18/2014 was consistent with the injured worker's medications; however, the urine drug screen report from 05/23/2014 showed that the sample was inconsistent with his prescribed medications and the issue was not addressed as it was not documented in the clinical notes. The physician notes had inconsistent information as the office visit on 06/10/2014 showed the injured worker was taking Flexeril 10mg 3 times per day, Percocet 10/325mg 4 times daily, and Hydromorphone 4mg 4 times daily and the note from 07/23/2014 noted he was only taking Opana extended/immediate release and Flexeril. As there was no note of discontinuation for

Percocet and Hydromorphone, the calculated total daily morphine equivalent dose of the opioids was 244mg, which the recommended value is 120mg and below. The request failed to provide the frequency of use for the medication. As such, the request for Opana extended release 20mg twice daily #60 is not medically necessary.