

Case Number:	CM14-0151867		
Date Assigned:	09/19/2014	Date of Injury:	04/29/1992
Decision Date:	10/23/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/17/2014

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 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 57-year-old male who sustained an injury on 04/29/92. He complains of constant burning pain in the lower back with radiation down the right leg to the toes. He rates pain with medications at 7-8/10 at best and not controlled, and without medications at 10/10. He has limited capacity to perform daily activities. On exam, he has good bilateral knee motion. There is tenderness to palpation across the middle lower back. Back ROM is limited and there is crepitation across both knees. MRI of the right hip on 08/25/14 reveals partial tear of the gluteus medius without evidence of complete tear, retraction or atrophy. MRI of the L-spine on 08/23/14 reveals advanced discogenic degenerative changes associated with ligamentum flavum hypertrophy congenitally short pedicles, facet osteoarthritis contribute to variable central and neural foraminal stenosis. X-ray of the bilateral knees 3 views reveals status post revision of left total knee replacement in good position without sign of wear, loosening, fracture or infection. Past surgeries include left total knee revision arthroplasty on 08/26/06 and a right primary total knee replacement on 06/12/11. He underwent bilateral gluteal bursa injections. Current medications include Opana, Percocet, Celebrex, and Soma. He finds alternating between Percocet and Norco helpful for pain control. Diagnoses include knee osteoarthritis, pain low back, neck pain, and complication of implant. There is no documentation of improvement with prior use of Percocet. There is no documentation of previous authorization for these medications. No documentation of improvement with bilateral gluteal bursa injections. The request for Opana ER 10mg Q12H (each 12 hours) #60 was denied, Percocet 10/325mg Q6H PRN (each 6 hours as needed) #120 was modified to 10/325mg #60, and Soma 350mg Q8H PRN (each 8 hours as needed) #90 was modified to 350mg #20 in accordance with medical guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana ER 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-going management of chronic opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 93. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain

Decision rationale: Oxymorphone Extended Release (Opana ER), is not intended for prn (as needed) use. Due to issues of abuse and Black Box FDA warnings, Oxymorphone is recommended as second line therapy for long acting opioids. It is a controlled, extended and sustained release preparations should be reserved for patients with chronic pain, who are need of continuous treatment. Guidelines indicate that "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors)." In this case, there is little to no documentation of any significant improvement in pain level (i.e. VAS) or function with prior use to demonstrate the efficacy of this medication. There is no evidence of urine drug test in order to monitor compliance. Therefore, the request for Opana ER 10mg # 60 is not medically necessary and appropriate.

Percocet 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-going management of chronic opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percocet, Page(s): 75, 92.

Decision rationale: According to CA MTUS guidelines, Percocet (Oxycodone & Acetaminophen) as a short acting Opioid is recommended for chronic pain management under certain criteria. As per CA MTUS guidelines, "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors)." Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the Opioid; how long it takes for pain relief; and how long pain relief lasts. There is little to no documentation of any significant improvement in pain level (i.e. VAS) or function with prior use to demonstrate the efficacy of this medication. There is no evidence of urine drug test in order to monitor compliance. Furthermore, conversion to long-acting opioids should be considered when frequent dosing of a

long-acting opioid is required for continuous around the clock pain management. Therefore, the request of Percocet 10/325mg #120 is not medically necessary and appropriate.

Soma 350mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Soma, Page(s): 29.

Decision rationale: Per CA MTUS guidelines, this medication is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is Meprobamate (a schedule-IV controlled substance). Abuse has been noted for sedative and relaxant effects. In regular abusers the main concern is the accumulation of Meprobamate. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs. This includes the following: (1) increasing sedation of benzodiazepines or alcohol; (2) use to prevent side effects of cocaine; (3) use with tramadol to produce relaxation and euphoria; (4) as a combination with hydrocodone, an effect that some abusers claim is similar to heroin (referred to as a "Las Vegas Cocktail"); & (5) as a combination with codeine (referred to as "Soma Coma"). In this case, there is no evidence of substantial spasm, refractory to first line therapy. There is no documentation of home exercise with stretching. There is no documentation of any significant improvement with continuous use. Long term use of antispasmodics is not recommended. Therefore, the request of Soma 350mg #90 is not medically necessary and appropriate.