

Case Number:	CM14-0166398		
Date Assigned:	10/13/2014	Date of Injury:	12/14/1998
Decision Date:	12/31/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/09/2014

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 Family Medicine and is licensed to practice in New York. 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:

This injured worker has a recorded date of injury as 12/14/1998. The nature of the injury and initial treatment is not described. There are no formal reports of radiologic evaluation and the last MRI is reported to have been accomplished in 1998. It is not clear when her issues were declared P&S. The patient presented with complaints referable to chronic low back pain. At presentation there is an annotation of muscle spasms that continue to bother her and interfere with sleep. The examination describes severe tenderness to palpation over the LS spine and buttocks. Limited lumbar flexion is documented at the normal range and elicits pain down the bilateral posterior thighs. Positive SLR with pain in noted along with palpable muscle spasm in the lumbar region. DTR's are listed as 2+ bilaterally. The listed diagnoses include GERD, drug-induced constipation, DJD of the Lumbar spine and myalgia/myositis, chronic pain syndrome, muscle spasm, lumbar facet joint pain, sacroiliitis, insomnia due to pain and thoraco/lumbar neuritis or radiculitis. The issues under consideration are for Non-Certification of requests for Opana ER 30, 60 tabs and Norco 10/325 90tabs X 3.

IMR ISSUES, DECISIONS AND RATIONALES

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

MED Opana ER 30mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2
Page(s): 79-81, 86, 87, 93, 95.

Decision rationale: Opana ER - an extended release version of Oxymorphone has a 3:1 ratio equivalence to the Morphine Equivalence Dosing (MED) ratio and represents 180mg of Morphine, in excess of the recommended maximum of 120mg MED. Serious consideration needs to be given to the long term risks of opioids with this patient. Discontinuation needs to be considered when there is no overall improvement in function. This injured worker reported that despite the excessive amounts of opioids consumed that it moved her baseline pain only down to a 7-8/10 from 10/10 with barely any impact on her ability to pursue normal ADL's. The logic behind the continuous dosing is to avoid the peaks and valleys in analgesia that can drive the use of narcotic analgesics, as the patient is always behind the pain power curve in addition to avoiding the narcotic "high" that drives dependency. Despite this large dose the member is still requiring 30 mg of Norco as well. The member has neither returned to work nor exhibited any sustained impact in markers of improved function such as exercise tolerance, lifting, carrying, standing, walking distance and an ability to participate in family activities. In the absence of evidence for a sustained benefit from these medications the UR recommendation as not medically necessary is supported.

Norco 10/325 #90 refill-3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2
Page(s): 11, 79-81, 86, 87, 93, 95.

Decision rationale: A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Opioids, for long-term use, cannot be supported as there is a lack of evidence to allow for a treatment recommendation. A meta-analysis found that opioids were more effective than placebo for reducing pain intensity but the benefit for physical function was small and was considered questionable for clinical relevance. Opioids can be recommended on a trial basis for short-term use after there has been evidence of failure of first-line medication options such as acetaminophen or NSAIDs when there is evidence of moderate to severe pain. If chronic use is entertained then before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. Baseline pain and functional assessments should be made. Function should include social, physical, psychological, daily and work activities. Continuation of the use of opioids would be best assessed on the basis of a return to work with evidence for improved functioning and reduced pain. The primary risk with continued use is that 36 to 56% of users have a lifetime risk for substance use disorders. Additionally there is the risk of diversion, tolerance and hyperalgesia resulting in gradual increases in medication dosing and evidence for decreasing benefits. The recommended maximal daily dosing for a morphine equivalent dose (MED) is not to exceed 120 mg per day, which the current combination of Opana ER bid and Norco 10/325 does exceeds significantly. With continuous pain extended-release opioids are recommended. Patients on this modality may require a dose of "rescue" opioids. The need for extra opioid can be a guide to determine the

sustained release dose required. In this instance use of Norco had changed from a rescue medication into a tid maintenance medication. Norco is considered a member of the short-acting family of opioids and as such faces a much higher risk of rebound pain and subsequent misuse. This is not an appropriate use of short duration opioids. Weaning of opioid analgesics is recommended if there is no overall improvement in function, unless there are extenuating circumstances. This member was found to have had a stable condition with no documented evidence for a sustained reduction in pain or improvement in practical function related to the use of opioids over an extended period of time. In the face of evidence for limited utility for improved function, recommendations for short term use of short acting opioids and the ongoing risk for rebound pain and dependence, continued use of Norco cannot be supported. The request is not medically necessary.