

<b>Case Number:</b>	CM14-0045717		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	11/16/2011
<b>Decision Date:</b>	08/22/2014	<b>UR Denial Date:</b>	04/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2014

### 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:

This is a 51 year-old female with a 11/16/11 date of injury. The mechanism of injury was not noted. According to a 3/31/14 progress report, the patient noted that her symptoms have not changed since her last appointment. She still had severe low back pain with radiating right leg pain. The pain is 5-9/10 on a pain scale of 0-10, even with her strong pain medications. She has been unable to work and unable to do any of her social activities. She stated that she was extremely frustrated with her life at this point in time. Objective findings: tenderness in the L4-5 and L5-S1 level posteriorly; moderate to severe decreased ROM secondary to pain and stiffness; tension signs on the right, negative on the left; decreased sensation of the top of the right foot and big toe. Diagnostic impression: displacement of lumbar intervertebral disc without myelopathy, lumbosacral spondylosis without myelopathy, sciatica. Treatment to date: medication management and activity modification. A UR decision dated 4/9/14 denied the requests for Opana 7.5 mg and Flector Patches. Previous requests for Opana have been recommended as non-certified based on lack of guidelines support for "as needed" use of this medication. Furthermore, this medication has not been recommended based on the potential for abuse and fatal side effects, especially if mixed with alcohol. The patient has also admitted to some alcohol use and has reported that this medication interferes with her sleep. Based on lack of guidelines recommendations for this medication and documented side effects experienced with prior use of this medication, the request for Opana is recommended as not medically necessary. Regarding Flector patches, the patient is complaining of chronic lower back pain and according to the guidelines, topical NSAID's benefit for musculoskeletal pain diminishes after a period of two weeks. Therefore, these patches are not a good choice of treatment for this patient with chronic pain.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Opana 7.5mg, #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Oxymorphone (Opana)- Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Pain (Chronic) Oxymorphone (Opana).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

**Decision rationale:** California MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There is no documentation that the provider has addressed the recommendations for weaning. In the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. In addition, it is documented in a 3/31/14 progress note that her pain level remains at 5-9/10 on a pain scale of 0-10, even with her strong pain medications. She also stated that there has not been any improvement with her activities of daily living. Furthermore, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. Therefore, the request for Opana 7.5mg, #30 is not medically necessary.

**Flector patches 3%, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Pain (Chronic) Flector patch (diclofenac epolamine).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Flector Patch Other Medical Treatment Guideline or Medical Evidence: FDA (Flector Patch).

**Decision rationale:** MTUS states that topical NSAID's have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. In addition, FDA indications for Flector patches include acute strains, sprains, and contusions. Official Disability Guidelines (ODG) states Flector patches are not recommended as a first-line treatment, but recommended as an option for patients at risk of adverse effects from oral NSAID's. According to the reports provided for review, it is documented that the patient has been using Flector patches since at least 10/9/13, if not earlier. Guidelines do not support the use of Flector patches for more than 2 weeks. In addition, the patient is using the medication chronically, not for an acute condition.

Furthermore, there is no documentation as to why the patient cannot tolerate an oral NSAID. Therefore, the request for Flector patches, 3%, #60 is not medically necessary.