

Case Number:	CM14-0083266		
Date Assigned:	07/21/2014	Date of Injury:	01/21/2009
Decision Date:	10/27/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/04/2014

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 Orthopedic Surgery, has a subspecialty in Surgical Critical Care, and is licensed to practice in Texas. 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 40 year old male who was reportedly injured on 01/12/2009. The mechanism of injury is noted as a lifting injury. The last progress report dated 05/12/2014, noted the injured worker having persistent low back pain. Physical examination demonstrated lumbar tenderness with no guarding, Negative straight leg raise, Negative Fabere tests. Flexion was 80 degrees, extension 20 degrees, right and left bending 20 degrees. Motor strength was 5/5. Abdominal exam showed healed portals from peri-umbilical suprapubic region from surgical intervention. Treatment to date has included medication and activity modification. A request was made for Opana 10 Mg #60, Zanaflex 4mg #90, Lyrica 75Mg #90 and was not certified on 05/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana 10 Mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74, 83-87, 93. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids; Oxymorphone

Decision rationale: This is a claimant with chronic low back pain following an alleged industrial injury of 1/20/2009. The claimant has been deemed to not be a surgical candidate by [REDACTED] as discussed in the material provided. He has been chronically on Norco and attempts at weaning have failed. There was a recent trial of Butrans, a topical analgesic which was not tolerated. On 5/14/14 there was a switch to try Opana/oxymorphone at 10mg twice daily, which is 60mg morphine equivalents. Given the chronic opioid usage previously documented of hydrocodone 7.5mg three times a day, and screening instruments like ORT scoring the claimant as "at risk" for aberrant or misuse of opioids, the increase of Morphine equivalent from 22.5mg/day with Norco/hydrocodone previously prescribed to 60mg morphine equivalent with Opana/oxymorphone cannot be supported. ODG holds that given the incidence of misuse and the FDA "black box" warning assigned this medication, Opana/oxymorphone is not recommended. Therefore the request for Opana 10mg twice daily is not medically necessary.

Zanaflex 4mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Muscle relaxants (for pain)

Decision rationale: This is a claimant with chronic low back pain following an alleged industrial injury on 1/20/2009. The diagnoses proposed are mechanical low back pain, and discogenic low back pain. The claimant appears to have been treated with Zanaflex an antispasmodic/antispasticity drug. CAMTUS and ODG holds that this class of drugs should be used for short term relief of spasm with those with chronic low back pain. There is no objective documentation of any low back spasm or the efficacy of the zanaflex/tizanidine as previously prescribed. It appears the claimant is chronically on this medication rather than the short term use as recommended by CAMTUS and ODG guidelines. Therefore the requested continued use of the Zanaflex is not medically necessary.

Lyrica 75Mg #90: Overturned

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 Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, pregabalin/Lyrica, Anti-epilepsy drugs

Decision rationale: The claimant has had Lyrica prescribed previously and there is a PR2 dated 5/14/14 citing benefit from using the Pregabalin/Lyrica. Therefore the request for Lyrica is medically necessary.