

Case Number:	CM14-0084707		
Date Assigned:	07/21/2014	Date of Injury:	01/15/2008
Decision Date:	08/29/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/06/2014

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:

The patient is a 59 year old male who was injured on 01/15/2008. The mechanism of injury is unknown. Prior treatment history has included physical therapy and home exercise program. Progress evaluation note dated 04/01/2014 indicates the patient presented for an evaluation of his back pain. He reported that with exercise and riding his bike regularly, his back is loose but without exercise activity, the back becomes tight and painful. He feels pain in his neck and upper back and the pain increases with stress level. He rated his pain as 5/10 with medication and without medications it is a 9/10. On exam, the cervical spine revealed tenderness and taut muscle bands along the paravertebral muscle with trigger point activity. Range of motion is restricted with forward flexion and extension which causes electrical shock like wave down the neck and into the interscapular region with noted paresthesias into the left upper extremity along the C6 dermatomal pattern. The low back revealed tightness in the lumbar paraspinal musculature with range of motion forward flexion at 50 and backward bending at 25. He is diagnosed with chronic myofascial pain in the right paracervical and trapezius musculature and lumbar paraspinal musculature; left upper extremity radicular symptoms; bilateral shoulder pain; and bilateral knee pain. He has been recommended to continue with Opana ER 5 mg bid #60 and Flexeril 7.5 mg tid. It is noted on 05/27/2014, his Baclofen was discontinued and Flexeril 7.5 mg was reinstated for spasms. Prior utilization review dated 05/22/2014 states the request for Baclofen 10mg #90 and Opana ER 5mg #60 is denied as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; Specific Anti-Epilepsy Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG): PAIN, BACLOFEN.

Decision rationale: According to MTUS guidelines, muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Baclofen is recommended for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. In this case a request is made for Baclofen for a 59 year old male injured on 1/5/08 with chronic neck, back, shoulder and knee pain. However, the patient is taking muscle relaxants on a chronic basis, Flexeril or Baclofen, which is not recommended. Further, history and examination do not suggest clinically significant functional improvement from use of muscle relaxants. Therefore, the request for Baclofen 10mg #90 is not medically necessary and appropriate.

Opana ER 5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; Opioids; Criteria for the use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Oxymorphone (Opana).

Decision rationale: According to MTUS guidelines, opioids may be indicated for moderate to severe pain. Efficacy of long-term opioid use for chronic back pain has not been clearly established. According to ODG guidelines, Opana (Oxymorphone) is, not recommended. Due to issues of abuse and Black Box FDA warnings, Oxymorphone is recommended as second line therapy for long acting opioids. Oxymorphone products do not appear to have any clear benefit over other agents and have disadvantages related to dose timing (taking the IR formulation with food can lead to overdose), and potential for serious adverse events (when the ER formulation is combined with alcohol use a potentially fatal overdose may result). In this case a request is made for Opana for a 59 year old male injured on 1/5/08 with chronic back, neck, shoulder and knee pain. However, Opana is not recommended first-line. No specific rationale is provided for its use over standard first-line opioid medications. Further, medical records fail to establish clinically significant functional improvement, pain reduction or reduction in dependency on

medical care from use of opioids. Therefore, the request for Opana ER 5mg #60 is not medically necessary and appropriate.