

Case Number:	CM14-0182661		
Date Assigned:	11/07/2014	Date of Injury:	10/31/2000
Decision Date:	02/03/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/03/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of October 31, 2000. Thus far, the applicant has been treated with the following: Analgesic medications; long and short-acting opioids; adjuvant medications; sleep aid; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated October 24, 2014, the claims administrator partially approved a request for Opana, approved a request for Lyrica, partially approved request for Ambien, apparently for weaning purposes, and denied a urine drug screen. The applicant's attorney subsequently appealed. In a progress note dated October 14, 2014, the applicant reported ongoing complaints of neck pain, mid back pain, and low back pain status post multilevel cervical and thoracic fusion surgeries. The applicant was currently using Opana but stated that he believed earlier usage of OxyContin was more beneficial than current usage of Opana. The applicant was had also previously used a variety of other opioids, including Duragesic and morphine as well as a variety of non-opioid agents. The applicant was using a cane to move about. Highly variable pain ranging from 4-10/10 was noted. The attending provider stated the applicant's functionality was overall worse and that the applicant's pain was overall worse over time. The applicant did have comorbidities including heart disease. The applicant's medication list included Opana extended release, short-acting oxymorphone, Lyrica, Ambien, and baby aspirin. The applicant was not working and had been deemed "disabled," it was acknowledged. The applicant was still smoking, it was acknowledged. The applicant's BMI was 22. The applicant was having difficulty standing on his toes and heels. Multiple medications were refilled. Urine drug screen was performed. The attending provider suggested that he would employ Opana at a reduced dose. In an earlier note dated September 16, 2014, the applicant was again described as worsening. The applicant's sleep pattern was worse. The

applicant's overall functionality was worse, it was acknowledged. The applicant was using Opana, oxymorphone, Lyrica, Ambien, and aspirin, it was acknowledged. The applicant was not working and had been deemed "disabled," it was noted. Refills of Opana, oxymorphone, Lyrica, and Ambien were all issued.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription Opana 20 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use for chronic low back pain When to Conti. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, the applicant is off of work. The applicant has been deemed disabled, it has been acknowledged. The applicant is receiving Workers' Compensation indemnity benefits and disability benefits, it has been acknowledged. The applicant is having difficulty performing activities of daily living as basic as walking, it has been noted on several occasions. The attending provider's progress notes, furthermore, suggested that the applicant's overall levels of pain and function are worsening from visit to visit, despite ongoing Opana usage. All of the foregoing, taken together, does not make a compelling case for continuation of the same. Therefore, the request is not medically necessary.

1 prescription of Opana 10 mg #84 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use for chronic low back pain When to Conti. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant is off of work. The applicant is receiving both Workers' Compensation indemnity and Disability Insurance benefits. The attending provider has consistently noted that the applicant's pain levels and functionality have worsened from visit to visit, despite ongoing Opana usage. The applicant is having difficulty performing activities of daily living as basic as walking, it has been noted on several occasions, referenced above. All of

the foregoing, taken together, does not make a compelling case for continuation of the same. Therefore, the request is not medically necessary.

1 prescription Lyrica 100 mg #90 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin Functional Restoration Approach to Chronic Pain Management Page(s): 7, 99.

Decision rationale: While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that pregabalin or Lyrica is a first-line option for neuropathic pain, as appears to be present here, this recommendation is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, the applicant is off of work. The applicant is receiving both Workers' Compensation indemnity benefits and Disability Insurance benefits. Ongoing usage of Lyrica has failed to curtail the applicant's dependence on opioid agents such as Opana. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Lyrica. Therefore, the request is not medically necessary.

1 prescription Ambien 10 mg #25: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Insomnia treatment

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7-8. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Ambien Medication Guide

Decision rationale: While the MTUS does not address the topic of Ambien usage, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulate that an attending provider using a drug for non-FDA labeled purposes has the responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA), however, notes that Ambien is indicated in the short-term treatment of insomnia, for up to 35 days. Here, however, the applicant has been using for what appears to be a span of several months. Such usage, however, runs counter to the FDA label. The attending provider failed to furnish any compelling applicant-specific rationale or medical evidence which would counter the unfavorable FDA position on long-term usage of Ambien. Therefore, the request is not medically necessary.

1 urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urinalysis (Opiate screening). Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic) - Urine Drug Testing

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation ODG Chronic Pain Chapter, Urine Drug Testing topic

Decision rationale: While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain population, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. ODG's Chronic Pain Chapter Urine Drug Testing topic notes that an attending provider should attach an applicant's complete medication list to the request for authorization for drug testing, clearly state when an applicant was last tested, attempt to conform to the best practices of United States Department of Transportation when performing testing, and clearly state when an applicant was last tested. Here, however, the attending provider did not state when the applicant was last tested. The attending provider did not state what drug tests and/or drug panels he was testing for. The attending provider did not state when the applicant was last tested. Since several ODG criteria for pursuit of drug testing were not met, the request was not medically necessary.