

Case Number:	CM14-0206274		
Date Assigned:	12/11/2014	Date of Injury:	11/11/1991
Decision Date:	02/05/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/09/2014

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 Practice and is licensed to practice in New Jersey. 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 worker is a 51 year old female who was injured on 11/11/1991. She was diagnosed with lumbosacral disc degeneration, lumbar arthrodesis, sacroiliac joint arthrodesis, foot and heel pain, Achilles tendonitis, and bilateral knee pain/effusion. She was treated with medications (including medical marijuana and opioids), physical therapy, and lumbar surgery. The most recent progress note by the requesting physician (pain specialist), was from 3/26/14, many months before the request date (11/11/14). It revealed the worker reporting continual low back pain and right leg pain, and was requesting renewals for her medications (Opana ER, oxycodone IR, and diazepam), which she had been using for at least many months. She reported her low back pain at 8/10 on the pain scale and 7/10 on the pain scale for her right leg pain. She reported that up to that point, the Opana and oxycodone combination of medication was the best she had been on, and reduced her pain by about 25%. However, she reported that regardless of taking these medications, she was losing strength and experienced more difficulty to walk. Physical examination revealed muscle spasm in the low back, tenderness of the lumbar surgical scar, tenderness of Achilles tendons/heels, and reduced strength of the legs. She was then recommended to continue her medications without change.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone IR 30 mg, 180 count without refills: Upheld

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 Opioids Page(s): 87-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. Also, the MTUS Chronic Pain Guidelines recommend that dosing of opioids not exceed 120 mg of oral morphine equivalents per day, and only with a pain specialist would exceeding this amount be considered. Continuation of opioids may be recommended when the patient has returned to work and/or if the patient has improved function and pain. In the case of this worker, it was reported in the documents provided for review that the Opana ER and Oxycodone IR combination of medications reduces her pain by 25% and allows her to get out of bed. The calculated morphine equivalent daily dose equates to 510 mg, which is more than four times the recommended upper limit for opioid use. The worker's tolerance clearly has built up to be quite strong, not allowing her to miss any days of medication without experiencing withdrawal symptoms. It is not clear to the reviewer of any other functional improvements besides getting out of bed that the worker is able to complete with the use of these medications as it was not documented in the notes provided for this review. Also, there was no recent progress notes provided. In the opinion of the reviewer, although other modalities may have been tried, there was no documentation of which ones. Weight loss via dietary modifications, might be a very important and productive intervention to reduce her low back pain. Regarding the Opana ER and Oxycodone IR, there was insufficient documented evidence of functional improvement with their use, and the dosing is reaching dangerous levels to suggest continuation. Therefore, the request for Oxycodone IR is not medically necessary.

Diazepam 10 mg, sixty count without refills: Upheld

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 Benzodiazepines Page(s): 24.

Decision rationale: The MTUS Guidelines for Chronic Pain state that benzodiazepines are not recommended for long-term use due to their risk of dependence, side effects, and higher tolerance with prolonged use, and as the efficacy of use long-term is unproven. The MTUS suggests that up to 4 weeks is appropriate for most situations when considering its use for

insomnia, anxiety, or muscle relaxant effects. In the case of this worker, it was not clear as to the main reason for using diazepam chronically for at least many months, if not more. There was some information that it was for anxiety, but this was not documented by the requesting provider. There was no documentation of functional improvement directly related to its use, and regardless is not recommended for long-term use for any indication. Also there was no documentation to reveal whether or not the worker tried first-line therapies for either of the indications for this medication before starting it. Therefore, the request for Diazepam is not considered medically necessary.

Opana ER 40 mg, sixty count without refills: Upheld

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 Opioids Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. Also, the MTUS Chronic Pain Guidelines recommend that dosing of opioids not exceed 120 mg of oral morphine equivalents per day, and only with a pain specialist would exceeding this amount be considered. Continuation of opioids may be recommended when the patient has returned to work and/or if the patient has improved function and pain. In the case of this worker, it was reported in the documents provided for review that the Opana ER and Oxycodone IR combination of medications reduces her pain by 25% and allows her to get out of bed. The calculated morphine equivalent daily dose equates to 510 mg, which is more than four times the recommended upper limit for opioid use. The worker's tolerance clearly has built up to be quite strong, not allowing her to miss any days of medication without experiencing withdrawal symptoms. It is not clear to the reviewer of any other functional improvements besides getting out of bed that the worker is able to complete with the use of these medications as it was not documented in the notes provided for this review. Also, there was no recent progress notes provided. In the opinion of the reviewer, although other modalities may have been tried, there was no documentation of which ones. Weight loss via dietary modifications, might be a very important and productive intervention to reduce her low back pain. Regarding the Opana ER and Oxycodone IR, there was insufficient documented evidence of functional improvement with their use, and the dosing is reaching dangerous levels to suggest continuation. Therefore, the request for Opana is not medically necessary.