

<b>Case Number:</b>	CM15-0002461		
<b>Date Assigned:</b>	01/13/2015	<b>Date of Injury:</b>	07/21/2003
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	12/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/06/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California  
 Certification(s)/Specialty: Internal Medicine

### 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 54 year old male who suffered a work related injury on 07/21/03. Per the physician notes from 12/16/14 he complains of worsening low back pain and spasms in his back. Diagnoses include lumbar radiculopathy, lumbar spondylosis, lumbar myofascial pain, and depression. He received trigger point injections and tramadol injections. He was to start on a trial of Opana. The recommended treatments include Opana and a scar injection, which were non-certified by the Claims Administrator on 12/24/14. The Opana was non-certified citing MTUS guidelines, and the scar injection was non-certified citing ACOEM guidelines. The non-certified treatments were subsequently appealed for Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Opana ER 10mg between 12/16/2014 and 2/21/2015: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 12 Low Back Complaints Page(s): 47-48, 308-310, Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address opioids. The lowest possible dose should be prescribed to improve pain and function. Frequent evaluation of clinical history and frequent review of medications are recommended. Periodic review of the ongoing chronic pain treatment plan for the injured worker is essential. Patients with pain who are managed with controlled substances should be seen regularly. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 3 states that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal symptoms. Opioids should be used only if needed for severe pain and only for a short time. ACOEM guidelines state that the long-term use of opioids is not recommended for neck and back conditions. Medical records document the long-term use of opioids. ACOEM guidelines indicate that the long-term use of opioids is not recommended for back conditions. Per MTUS, the lowest possible dose of opioid should be prescribed, with frequent and regular review and re-evaluation. The request for authorization dated 12/22/14 requested Opana ER 10 mg, without a specified quantity. The request for an unspecified amount of the opioid Opana ER is not supported by MTUS guidelines. Therefore, the request for Opana ER 10 mg is not medically necessary.

**1 Scar injection between 12/16/2014 and 12/16/2014:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 300/ 174-175.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Journal of Plastic, Reconstructive & Aesthetic Surgery (2014) 67, 1017-1025. Updated scar management practical guidelines: non-invasive and invasive measures. Monstrey S, Middelkoop E, Vranckx JJ, Bassetto F, Ziegler UE, Meaume S, et al. PMID: 24888226. [http://www.jprasurg.com/article/S1748-6815\(14\)00173-9/pdf](http://www.jprasurg.com/article/S1748-6815(14)00173-9/pdf)

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) does not address scar management. Journal of Plastic, Reconstructive & Aesthetic Surgery (2014) scar management practical guidelines indicate that silicone sheeting or gel is universally considered as the first-line prophylactic and treatment option for hypertrophic scars and keloids. The efficacy and safety of this gold-standard, non-invasive therapy has been demonstrated in many clinical studies. More invasive or surgical procedures may be necessary for the correction of permanent unaesthetic scars and can be combined with adjuvant measures to achieve optimal outcomes. The orthopedic note dated December 16, 2014 documented that the patient's incision sites are clean, dry, and intact. There is no erythema or drainage. The incision overall looks to be healing quite well. The 12/16/14 orthopedic note does not provide support for the medical necessity of a scar injection. Therefore, the request for a scar injection is not medically necessary.

