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| <b>Case Number:</b>   | CM15-0141751 |                              |            |
| <b>Date Assigned:</b> | 07/30/2015   | <b>Date of Injury:</b>       | 07/23/1998 |
| <b>Decision Date:</b> | 08/27/2015   | <b>UR Denial Date:</b>       | 06/19/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/20/2015 |

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 63 year old female, who sustained an industrial injury on 7-23-98. She reported pain in the right ankle, left knee, and lower back. The injured worker was diagnosed as having left knee internal derangement status post total knee arthroplasty, lower back pain due to gait dysfunction exacerbating myofascial pain and degenerative disc disease, bilateral ankle internal derangement status post sprain, depression, and obesity. Treatment to date has included left knee replacement in April 2006, epidural steroid injections, acupuncture, and medication. On 6-3-15 pain was rated as 9 of 10. Currently, the injured worker complains of pain in the right ankle, low back, and bilateral knees. The treating physician requested authorization for Opana 5mg #150 and Cyclobenzaprine 7.5mg #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Opana 5mg #150:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, long-term assessment; Weaning of Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints, p8, (2) Opioids, criteria for use, p76-80 (3) Opioids, dosing, Page(s): 8, 76-80, 86.

**Decision rationale:** The claimant has a remote history of a work injury occurring in July 1998 and continues to be treated for bilateral knee, low back, and right ankle pain. Treatments have included a left total knee replacement. She was seen for an initial evaluation by the requesting provider. She was having pain rated at 9/10. Physical examination findings included lumbar spine tenderness as an antalgic gait. There was pain with lumbar range of motion. Straight leg raising was negative. There was mild to moderate right ankle tenderness and diffuse left knee tenderness. There was decreased knee range of motion. Medications being prescribed included Percocet and Soma both of which were discontinued. Percocet had been ineffective. Opana and a trial of cyclobenzaprine were prescribed. The total MED (morphine equivalent dose) was 100 mg per day. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement that does not mean that they are no longer entitled to future medical care. Opana (oxymorphone) is an immediate release short acting medication often used for intermittent or breakthrough pain. In this case, it was being prescribed when the claimant was having ongoing severe pain and Percocet had been ineffective. There were no identified issues of abuse or addiction and the total MED prescribed was less than 120 mg per day consistent with guideline recommendations. Prescribing was medically necessary. Therefore, the request is medically necessary.

**Cyclobenzaprine 7.5mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Cyclobenzaprine (Flexeril), p41 (2) Muscle relaxants, p63 Page(s): 41, 63.

**Decision rationale:** The claimant has a remote history of a work injury occurring in July 1998 and continues to be treated for bilateral knee, low back, and right ankle pain. Treatments have included a left total knee replacement. She was seen for an initial evaluation by the requesting provider. She was having pain rated at 9/10. Physical examination findings included lumbar spine tenderness as an antalgic gait. There was pain with lumbar range of motion. Straight leg raising was negative. There was mild to moderate right ankle tenderness and diffuse left knee tenderness. There was decreased knee range of motion. Medications being prescribed included Percocet and Soma both of which were discontinued. Percocet had been ineffective. Opana and a trial of cyclobenzaprine were prescribed. Flexeril (cyclobenzaprine) is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is recommended. In this case, the quantity being prescribed was consistent with more than 3 weeks of use. The claimant's condition was chronic without acute exacerbation. It was not medically necessary.

