

Case Number:	CM15-0160203		
Date Assigned:	08/26/2015	Date of Injury:	05/28/2012
Decision Date:	10/14/2015	UR Denial Date:	07/27/2015
Priority:	Standard	Application Received:	08/17/2015

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: New York

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 74 year old male who sustained an industrial injury on 05-28-2012. According to a progress report dated 06-15-2015, the injured worker was seen for low back pain. Pain was rated 2 on a scale of 1-10. Least pain in the last month was rated 2. Average pain was rated 5 and worst pain was rated 8. Pain was the same when doing activities or exercise, sleeping, activities of daily living, driving or riding in a car and was better when sitting, laying down or resting. It was better with massage, medication and rest. Pain was worse when raking, stooping and gardening. Side effects included nausea, drowsiness, sweating, loss of appetite and difficulty thinking. He reported he was a little better this last month without meds. Pain medications relieved his pain about 20%. He did feel restless, shaky and nervous. The least pain after taking medications was rated 2 and before medications was 4-5 on average and 8 at its worst. He tried physical therapy in the past which offered almost no relief. An epidural steroid injection helped previously. He was oriented x 3 and was noted to have poor short term memory. The provider noted that it was recommended to increase Opana from 15 mg to 20 mg twice a day but worker's compensation did not certify it. Cures report was appropriate. Urine drug toxicology was appropriate on 02-17-2015. Diagnoses included rib fractures (multiple), back compression fracture, right shoulder fracture and right rotator cuff tear. The treatment plan included: Opana ER 15 mg 1 every day #30, Norco 10-325 mg four times a day #120, Omeprazole 40 mg every day #30, Gabapentin 300 mg 1 three times a day #90. The injured worker was also taking Adderall and Vitamin D. The injured worker was to return in 1 month. He was instructed to permanently remain off work. According to a progress report dated 07-16-2015, the injured worker had not had a good month since decreasing Opana to 1 at bedtime only and the increased high temperatures of summer heat. Activity of ½ hour or more and-or bending caused him increased pain up to 7-10. Current pain level was 3, in the last month least was 3, average was 5 and worst pain was 10. Pain was worse doing activities or exercise. Side effects of pain and or medications were drowsiness, sweating, loss of appetite, mood changes and

difficulty thinking. The result of pain medications was the same this month. Since the last visit, he was lazy and had slight depression. He was very uncomfortable this month because Opana was decreased to one a day instead of twice a day. He took Opana at night and felt that he may have been having withdrawal. He was shaky, nervous and weak. The treatment plan included Opana ER 15 mg twice a day #60, Norco 10-325 mg four times a day #120, Naprosyn 500 mg 1 twice a day #60, Omeprazole 40 mg 1 every day #30, Gabapentin 300 mg 1 three times a day #90, recheck in one month and referral to named provider for possible RFA. Currently under review is the request for Opana ER 15 mg #60, Norco 10-325 mg #120, Gabapentin 300 mg #90, referral for possible RFA, Naprosyn 500 mg #60 and Omeprazole 40 mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana ER 15 MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - Oxymorphone (Opana).

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that all therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement. Chronic Pain Medical Treatment Guidelines state that on-going management of opioid therapy should include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain, the least reported pain over the period since the last assessment, average pain, and the intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Information from family members or other caregivers should be considered in determining the patient's response to treatment. In addition to pain relief, the practitioner should monitor side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. MTUS Guidelines state that pain and functional improvement should be documented and compared to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improved quality of life. Pain should be assessed at each visit and functioning should be measured at 6 month intervals using a numerical scale or validated instrument. Official Disability Guidelines state that Oxymorphone (Opana) 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). (Opana FDA labeling) In this case, documentation shows long term use of Opana ER. There is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care. Medical necessity for the requested treatment is not established. The requested treatment is not medically necessary.

Norco 10/325 MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids for chronic pain.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that all therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement. Chronic Pain Medical Treatment Guidelines state that on-going management of opioid therapy should include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain, the least reported pain over the period since the last assessment, average pain, and the intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Information from family members or other caregivers should be considered in determining the patient's response to treatment. In addition to pain relief, the practitioner should monitor side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. MTUS Guidelines state that pain and functional improvement should be documented and compared to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improved quality of life. Pain should be assessed at each visit and functioning should be measured at 6 month intervals using a numerical scale or validated instrument. In this case, documentation shows long term use of Norco. There is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care. Medical necessity for the requested treatment is not established. The requested treatment is not medically necessary.

Gabapentin 300 MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that all therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement. CA MTUS Chronic Pain Medical Treatment Guidelines recommend anti-epilepsy drugs for neuropathic pain (pain due to nerve damage). There is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs and mechanisms. Most randomized controlled trials for the use of this class of medications for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy (with diabetic polyneuropathy being the most common example). A "good" response to the use of AEDs has been defined as a 50% reduction in pain and a "moderate" response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response of this magnitude may be the "trigger" for the following: a switch to a different first-line agent (tricyclic antidepressant, serotonin norepinephrine reuptake inhibitor or antiepileptic drug are considered first line treatment) or combination therapy if treatment with a single drug agent fails. After initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of antiepileptic drugs depends on improved outcomes versus tolerability of adverse effects. In this case, documentation shows long-term use of Gabapentin. Documentation failed to show objective evidence of functional improvement. There was no documentation of a 30-50% reduction of pain with use of Gabapentin. There is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence

of improvement in the work status, activities of daily living, and dependency on continued medical care. Medical necessity for the requested treatment is not established. The requested treatment is not medically necessary.

Referral for Possible RFA: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter- Facet joint radiofrequency neurotomy.

Decision rationale: As per MTUS there is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain. Similar quality literature does not exist regarding the same procedure in the lumbar region. Lumbar facet neurotomies reportedly produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. Official Disability Guidelines (ODG) state RFA is Under study. Also called Facet rhizotomy, Radiofrequency medial branch neurotomy, or Radiofrequency ablation (RFA), this is a type of injection procedure in which a heat lesion is created on specific nerves to interrupt pain signals to the brain, with a medial branch neurotomy affecting the nerves carrying pain from the facet joints. Conflicting evidence is available as to the efficacy of this procedure and approval of treatment should be made on a case-by-case basis. Studies have not demonstrated improved function. In this injured worker, there is no clear documentation of diagnosis of facet joint pain and medical records provide no rationale for the requested treatment. Based on submitted medical records and guidelines, the requested treatment: Referral for Possible RFA is not Medically necessary and appropriate.

Naprosyn 500 MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that all therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement. CA MTUS Chronic Pain Medical Treatment Guidelines state that NSAIDs (non-steroidal anti-inflammatory drugs) are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. MTUS specific recommendations for NSAIDs include treatment of osteoarthritis for the shortest time possible and short term treatment of back pain. It may be useful for breakthrough and mixed pain conditions in patients with neuropathic pain. Other chronic pain conditions are not discussed. Guidelines recommend NSAIDs for acute exacerbations of chronic back pain as a second-line treatment after acetaminophen. In this case, documentation shows long term use of non-steroidal anti-inflammatory drugs which is not recommended by guidelines. In addition is a lack of functional improvement with the treatment already provided, the treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care. Medical necessity for the requested treatment is not established. The requested treatment is not medically necessary.

Omeprazole 40 MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: According to the CA MTUS, Proton Pump Inhibitors, such as Omeprazole (Prilosec), are recommended for patients taking NSAIDs (non-steroidal anti-inflammatory drugs) with documented GI (gastrointestinal) distress symptoms or specific GI risk factors. Risk factors include, age >65, history of peptic ulcer disease, GI bleeding, concurrent use of aspirin, corticosteroids, and/or anticoagulants or high-dose/multiple NSAIDs. In this case, documentation shows long term use of non-steroidal anti-inflammatory drugs. The injured worker is over the age of 65 and complained of nausea. Since Naproxen is determined not to be medically necessary, medical necessity for the requested treatment has not been established. The requested treatment Omeprazole 40 MG #30 is not medically necessary.