

Case Number:	CM15-0195252		
Date Assigned:	10/09/2015	Date of Injury:	04/15/1994
Decision Date:	12/11/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/05/2015

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: Emergency 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:

This is a 62 year old male who sustained an industrial injury on 4-15-1994. A review of the medical records indicates that the injured worker is undergoing treatment for lumbago and thoracic or lumbosacral neuritis or radiculitis unspecified. Medical records (4-17-2015 to 9-9-2015) indicate ongoing back pain and knee pain rated 3-6 out of 10 with medications and 8-10 out of 10 out of 10 without medications. According to the progress report dated 9-9-2015, the injured worker was seen for medication reassessment. He was noted to be stable on current medication and denied side effects. He rated his low back pain 3 out of 10 with medications and 8 out of 10 without medications. Per the treating physician (8-25-2015), the injured worker was permanently disabled. The physical exam (8-25-2015 to 9-9-2015) revealed the injured worker to be in no acute distress. There was tenderness to the cervical and lumbar spines. Exam of the right knee revealed Baker's cyst and tibial tenderness. Exam of the left knee revealed positive patellar grind, positive McMurray's test and tibial tenderness. Treatment has included lumbar surgery and medications (Actiq since at least 5-28-2015, Avinza since at least 5-28-2015). Cyclobenzaprine was prescribed on 9-9-2015 (unclear duration). The request for authorization was dated 9-9-2015. The original Utilization Review (UR) (9-28-2015) denied a request for Cyclobenzaprine. UR modified requests for Morphine ER 30mg from quantity 30 to quantity 15, Actiq lozenges from quantity 120 to quantity 60 and Morphine ER 120mg from quantity 60 to quantity 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 Cyclobenzaprine 10mg tablet #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: The request is for the use of a muscle relaxant to aid in pain relief. The MTUS guidelines state that the use of a medication in this class is indicated as a second-line option for short-term treatment of acute exacerbations of low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, which can increase mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain improvement. Efficacy appears to diminish over time, and prolonged use may lead to dependence. (Homik, 2004) Due to inadequate documentation of a recent acute exacerbation and poor effectiveness for chronic long-term use, the request is not medically necessary.

Actiq 400mcg lozenge on a handle #120: 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, Actiq, updated 9/8/15.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic)/Actiq (oral transmucosal fentanyl lollipop).

Decision rationale: The request is for the medication Actiq. The official disability guidelines state the following regarding this topic: Not recommended for chronic non-cancer pain. Actiq (oral transmucosal fentanyl citrate), a fast-acting highly potent "lollipop" painkiller produced by Cephalon, is indicated only for the management of breakthrough cancer pain in patients with malignancies who are already receiving and who are tolerant to opioid therapy for their underlying persistent cancer pain. Actiq is contraindicated in acute pain; is not for use in chronic pain; and has a Black Box warning for abuse potential. See also Fentanyl. Actiq is Not Recommended by ODG. Patient selection criteria if provider & payor agree to prescribe anyway: Recommendations prior to a trial of Actiq: 1. There should be evidence of a screen for risk of addiction: Actiq is a highly lipophilic drug with a rapid absorption rate that should be used with extreme caution, if at all, in patients that have been screened and determined to be at high risk for addiction. It is recommended that rapid-acting drugs be avoided in patients that have both chronic pain and addiction potential because they may establish anticipation of the medication, and produce frequent medication peaks and troughs throughout the day. This may contribute to dependence, behavior reinforcement and reward actions. Pharmacokinetic properties thought to contribute to abuse include rapid delivery of drug to the nervous system, rapid absorption, and high free drug clearance. (Webster, 2008) (Marsch, 2001) (Savage, 2008)

(Ballyantyne, 2007) (Naliboff, 2006) Busto, 1986) (Carr, 1993) (McColl, 2006) (Balster, 2003) See Opioids, screening for risk of addiction.2. There should be evidence of psych screening with particular emphasis of an evaluation for depression, anxiety, somatoform disorder and personality disorder. These conditions have a high risk for comorbidity with alcohol and drug abuse. If present, the use of Actiq or opioids of other classes should be used with caution. (Sullivan, 2006) (Sullivan, 2005) (Wilsey, 2008) See Opioids, criteria for use. [Actiq ranked #14 in amount billed for WC in 2011. (Coventry, 2012)]In this case, as stated above, the use of this medication is not guideline-supported. This is secondary to a high abuse potential with a black box warning given by the FDA regarding its use. As such, the request is not medically necessary.

Morphine ER 30mg capsule extended release pellets #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: The request is for the use of a medication in the opioid class. The MTUS guidelines state that for ongoing treatment with a pharmaceutical in this class, certain requirements are necessary. This includes not only adequate pain control, but also functional improvement. Four domains have been proposed for management of patients on opioids. This includes pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug-related behaviors. As part of the pain treatment agreement, it is advised that "Refills are limited, and will only occur at appointments." In this case, there is inadequate documentation of persistent functional improvement seen. "Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit and a reduction in the dependency on continued medical treatment. As such, the request is not medically necessary. All opioid medications should be titrated down slowly in order to prevent a significant withdrawal syndrome.

Morphine ER 120mg capsule extended release 24 hour multiphase #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: The request is for the use of a medication in the opioid class. The MTUS guidelines state that for ongoing treatment with a pharmaceutical in this class, certain requirements are necessary. This includes not only adequate pain control, but also functional improvement. Four domains have been proposed for management of patients on opioids. This includes pain relief, side effects, physical and psychosocial functioning, and the occurrence of

any potentially aberrant drug-related behaviors. As part of the pain treatment agreement, it is advised that "Refills are limited, and will only occur at appointments." In this case, there is inadequate documentation of persistent functional improvement seen. "Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit and a reduction in the dependency on continued medical treatment. As such, the request is not medically necessary. All opioid medications should be titrated down slowly in order to prevent a significant withdrawal syndrome.