MAXIMUS Federal Services

Case Number:	CM15-0208472		
Date Assigned:	10/27/2015	Date of Injury:	06/06/2002
Decision Date:	12/08/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/22/2015

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: Family Practice

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 45 year old male, who sustained an industrial injury on 06-06-2002. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for chronic low back pain, lumbar radiculitis, chronic migraines, and depression. Medical records (01-26-2015 to 08-14-2015) indicate ongoing chronic low back pain with radiating pain into the legs, and headaches. Pain levels were rated 8-9 out of 10 in severity on a visual analog scale (VAS) without medications, and 2-3 out of 10 with medications per report dated 01-26-2015. After being prescribed Opana, pain levels were rated 5-10 with medications and 9 out of 10 without medications. Records also indicate no changes in activity level or level of functioning. Per the treating physician's progress report (PR), the IW has not returned to work and is permanently disabled. The physical exam, dated 08-14-2015, revealed an abnormal gate, no range of motion due to lumbar fusion, bilateral tenderness and spasms to palpation of the lumbar paravertebral musculature, tenderness over the sacroiliac joints bilaterally, and positive straight leg raise in the right and Faber's test. Review of systems showed depression, poor concentration, and memory changes. Relevant treatments have included: lumbar laminectomy, physical therapy (PT), psychological therapy, Botox injections with benefit, work restrictions, and pain medications (lorazepam since 10-2014 and Opana since 01-2015). The treating physician indicates that a CURES and opioid agreement are on file. The request for authorization (09-09-2015) shows that the following medications were requested: Opana ER 5mg (unspecified quantity), and lorazepam 2mg with 2 refills (unspecified quantity). The original utilization

review (09-23-2015) non-certified the request for Opana ER 5mg (unspecified quantity), and lorazepam 2mg with 2 refills (unspecified quantity).

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana ER 5mg (unspecified quantity): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, dosing, Opioids, specific drug list.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, indicators for addiction, Opioids, long-term assessment, Opioids, pain treatment agreement.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the long-term use of opioids, including Opana ER. These guidelines have established criteria of the use of opioids for the ongoing management of pain. Actions should include: prescriptions from a single practitioner and from a single pharmacy. The lowest possible dose should be prescribed to improve pain and function. There should be an 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 last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. There should be evidence of documentation of the "4 A's for Ongoing Monitoring." These four domains include: pain relief, side effects, physical and psychological functioning, and the occurrence of any potentially aberrant drug-related behaviors. Further, there should be consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain that does not improve on opioids in 3 months. There should be consideration of an addiction medicine consult if there is evidence of substance misuse (Pages 76-78). Finally, the guidelines indicate that for chronic pain, the long-term efficacy of opioids is unclear. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy (Page 80). Based on the review of the medical records, there is insufficient documentation in support of these stated MTUS/Chronic Pain Medical Treatment Guidelines for the ongoing use of opioids. There is insufficient documentation of the "4 A's for Ongoing Monitoring." The treatment course of opioids in this patient has extended well beyond the timeframe required for a reassessment of therapy. Further, the patient's last urine drug screen had inconsistent findings; an indicator for dependence/ addiction. There is no evidence in the medical records that these inconsistent findings were addressed. In summary, there is insufficient documentation to support the chronic use of an opioid in this patient. Ongoing treatment with Opana ER is not medically necessary.

Lorazepam 2mg with 2 refills (unspecified quantity): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines. Decision based on Non-MTUS Citation Work Loss Data Institute Official Disability Guidelines (ODG), pain (Chronic) updated 09/08/2015.

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

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of benzodiazepines, including Lorazepam, as a treatment modality. Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/ hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. In this case, the records indicate that benzodiazepines have been used chronically as a treatment modality. As noted in the MTUS guidelines, long-term use is not recommended. There is insufficient evidence in the medical records that use of Lorazepam has been associated with improved functional outcomes or less dependence on other controlled substances. For these reasons, Lorazepam is not medically necessary.