

<b>Case Number:</b>	CM15-0209724		
<b>Date Assigned:</b>	10/28/2015	<b>Date of Injury:</b>	01/21/2011
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	10/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/26/2015

### 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: Arizona, 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 58 year old male who sustained an industrial injury on 1-21-11. A review of the medical records indicates he is undergoing treatment for pseudoarthrosis at L5-S1, degenerative disc disease of the lumbar spine, instability of L5 screws bilaterally, facet arthrosis - L4-L5 and spinous processes impingement L4-L5, and major depressive disorder - "moderate". Medical records (8-20-15) indicate complaints of constant low back and bilateral leg pain, rating "8 out of 10", left shoulder, buttocks, and bilateral extremity posterior burning pain on the lateral aspect bilaterally, as well as numbness and "pins and needles" in his feet. He also complains of spasms in the left lower extremity and states that his left buttock pain radiates to the left hamstring and to the back of his knee. His pain limits his activities of daily living, in that he is only able to walk with crutches, a cane, or a walker. Pain prevents him from sitting or standing longer than 10 minutes and limits his sleep to less than 6 hours per night. His symptoms also restrict his social life, traveling, and household chores (3-26-15). The physical exam (8-20-15) reveals that the injured worker is walking with a walker to avoid falling. Cervical range of motion is noted to be "full". He is noted to have a flat affect. Allodynia is noted over the L5-S1 dermatomes bilaterally. "Apparent" weakness is noted in the left hip flexors and hamstrings. Lumbar range of motion is noted to be "approximately 50% of flexion and 10% of extension" due to pain. Tenderness to palpation is noted over the midline and lower lumbar area. Treatment has included use of an assistive device for walking, use of a motorized scooter, psychotherapy, and medications. The treating provider notes that the injured worker has refused surgical intervention. He is not working. His medications include Opana ER, Opana IR,

Amitiza, and Amrix. The treating provider discontinued Opana ER and prescribed Opana IR on 3-26-15. The provider states that his analgesics were "reduced too much" (8-20-15) and prescribed Opana ER and Amrix on that date. The utilization review (10-1-15) includes requests for authorization of Amrix 15mg #30 (date of service 9-17-15), Oxymorphone 10mg #180 (date of service 9-17-15), and Opana ER 30mg #60 (date of service 9-17-15). Oxymorphone was modified to a quantity of 90. Opana ER was modified to a quantity of 30. Amrix was denied.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Retro Amrix DOS 9/17/15: 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): Cyclobenzaprine (Flexeril).

**Decision rationale:** According to the MTUS guidelines, Cyclobenzaprine (Amitza) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been on Amitza for over a year in combination with opioids and NSAIDS. Continued and chronic use of Amitza (Cyclobenzaprine) is not medically necessary.

#### **Retro Oxymorphone DOS 9/17/15 10mg #180: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids for neuropathic pain, Opioids, long-term assessment, Opioids, specific drug list.

**Decision rationale:** Oxymorphone is not considered first line for chronic mechanical pain. Long-term use has not been studied. In this case, the claimant was on the medication for over a year. The claimant's pain level remained the same in March 2015 as it did in August 2015. There was mention on 3/26/15 about overmedicating with opioids. Recent pain reduction scores with use of Oxymorphone was not noted. Baseline pains scores remained the same for months. There was no mention of Tricyclic or failure of alternate opioids options. Continued and chronic use of Oxymorphone is not indicated and is not medically necessary.

**Retro Opana ER DOS 9/17/15 30mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids for neuropathic pain, Opioids, specific drug list.

**Decision rationale:** Opana ER is not considered first line for chronic mechanical pain. Long-term use has not been studied. In this case, the claimant was on the medication for over a year. The claimant's pain level remained the same in March 2015 as it did in August 2015. There was mention on 3/26/15 about overmedicating with opioids. Recent pain reduction scores with use of Opana ER was not noted. There was no mention of Tricyclic or failure of alternate opioids options. Baseline pain scores remained the same for months. Continued and chronic use of Opana ER is not indicated and is not medically necessary.