

<b>Case Number:</b>	CM14-0124060		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	10/04/2007
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	07/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/06/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 59-year-old male who has submitted a claim for lumbago, chronic pain syndrome, degenerative disc disease lumbar spine, morbid obesity, and muscle spasms associated with an industrial injury date of 10/4/2007. Medical records from 1/10/2014 up to 8/5/2014 were reviewed showing chronic intractable low back pain that is severe and constant with radiations down his legs. Pain is 4/10 with medications and 9/10 without medications. UDS (urine drug screen) taken on 5/13/14 showed that Oxymorphone was detected expected with prescribed medications but Hydromorphone was not detected, inconsistent with prescribed medications. Physical examination revealed bilateral tenderness and spasms over the L3-S1 paraspinous muscles. There was decreased ROM and pain with extension of the back localizing to the lumbar facet regions. Treatment to date has included Flexeril 7.5mg (since January 2014), Opana (since at least 2005), Percocet, Hydromorphone, Atenolol, Lisinopril, Albuterol, Glucophage, Simvastatin, and Hydroxyzine. Utilization review from 7/18/2014 modified the requests for Flexeril 7.5mg #90 to #30, Opana ER 20mg #60 to #40, and Opana IR 5mg #60 to #40 to initiate weaning. As for Flexeril, this muscle relaxant is used for acute or subacute spasm for periods of 1 month or less. As for the Opana, when combined, the total MED is 150mgs which exceeds guideline recommendations.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Opana IR 5mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, SPECIFIC DRUG LIST, CRITERIA FOR USE OF OPIOIDS Page(s):.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**Decision rationale:** According to page 78 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that ongoing opioid treatment should include monitoring of analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors; these outcomes over time should affect the therapeutic decisions for continuation. In this case, the patient has been taking opioids for at least 9 years. Patient complains of chronic intractable low back pain that is severe and constant with radiations down his legs. Pain is 4/10 with medications and 9/10 without medications. UDS (urine drug screen) taken on 5/13/14 showed that Oxymorphone was detected expected with prescribed medications but Hydromorphone was not detected, inconsistent with prescribed medications. Recommendations do not support the long-term use of opioids and his UDS is inconsistent with prescribed medications. There was no documentation of objective functional improvement to support subjective improvement with opioid use. Therefore, the request for Opana IR 5mg #60 is not medically necessary.

**Flexeril 7.5mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ANTISPASMODICS Page(s): 64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, Cyclobenzaprine (Flexeril), Page(s): 41-42.

**Decision rationale:** According to pages 41-42 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is a sedating muscle relaxant recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain (LBP). It is recommended as an option using a short course therapy. The effect is greatest in the first four days of treatment, suggesting that shorter courses may be better. Cyclobenzaprine is associated with a number needed to treat of 3 at 2 weeks for symptom improvement. In this case, the patient has been taking Flexeril since at least 1/2014. Physical examination revealed bilateral tenderness and spasms over the L3-S1 paraspinal muscles. There is no documentation of functional improvement with the use of Flexeril. In addition, long-term use of this medication is not supported by the guidelines. Therefore, the request for Flexeril 7.5mg #90 is not medically necessary.

**Opana ER 20mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**Decision rationale:** According to page 78 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that ongoing opioid treatment should include monitoring of analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors; these outcomes over time should affect the therapeutic decisions for continuation. In this case, the patient has been taking opioids for at least 9 years. Patient complains of chronic intractable low back pain that is severe and constant with radiations down his legs. Pain is 4/10 with medications and 9/10 without medications. UDS taken on 5/13/14 showed that Oxymorphone was detected expected with prescribed medications but Hydromorphone was not detected, inconsistent with prescribed medications. Recommendations do not support the long-term use of opioids and his UDS is inconsistent with prescribed medications. There was no documentation of objective functional improvement to support subjective improvement with opioid use. Therefore, the request for Opana ER 20mg #60 is not medically necessary.