

Case Number:	CM14-0073876		
Date Assigned:	07/16/2014	Date of Injury:	09/29/2005
Decision Date:	06/29/2015	UR Denial Date:	05/03/2014
Priority:	Standard	Application Received:	05/21/2014

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. 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: Physical Medicine & Rehabilitation

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 53 year old female who sustained an industrial injury on 9/29/05. She has reported repetitive injuries from work. The diagnoses have included cervical and lumbar disc pain. Treatment to date has included medications, activity modifications, injections, physical therapy and diagnostics including Magnetic Resonance Imaging (MRI). Currently, as per the physician progress note dated 4/17/14, the injured worker complains of neck and back pain. The objective findings revealed limited back and neck range of motion. There were no other findings noted on physical exam. The physician requested treatments included Opana ER 40 mg #180, Opana 10 mg #180, Wellbutrin XL 150 mg #90 and Compound Benzocaine 20%/ Lidocaine 6%/ Tetracaine 4% with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana ER 40 mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The patient presents with neck and back pain. The request is for OPANA ER 40 MG #180. Physical examination on 07/10/14 to the cervical spine and the lumbar spine revealed limited range of motion in all planes. Patient's diagnosis, per 05/15/14 includes cervical and lumbar disc pain. Per 02/24/14 progress report, patient's medications include Opana, Opana ER, Soma, Zolpidem, and Voltaren. Patient is permanent and stationary. Regarding chronic opiate use, MTUS guidelines page and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As --analgesia, ADLs, adverse side effects, and adverse behavior--, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p 77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." The patient has received prescriptions for Opana ER from 02/24/14 and 06/12/14. UR letter dated 05/03/14 has modified the request from 180 tablets to 38 tablets. In this case, the 4A's are not appropriately addressed, as required by MTUS. Treater has not stated how Opana ER decreases pain and significantly improves patient's activities of daily living. There are no discussions regarding adverse side effects, aberrant behavior, specific ADL's, etc. No UDS and CURES or opioid pain contract were provided. Given the lack of documentation as required by MTUS, the request IS NOT medically necessary.

Opana 10 mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The patient presents with neck and back pain. The request is for OPANA 10 MG #180. Physical examination on 07/10/14 to the cervical spine and the lumbar spine revealed limited range of motion in all planes. Patient's diagnosis, per 05/15/14 includes cervical and lumbar disc pain. Per 02/24/14 progress report, patient's medications include Opana, Opana ER, Soma, Zolpidem, and Voltaren. Patient is permanent and stationary. Regarding chronic opiate use, MTUS guidelines page and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As --analgesia, ADLs, adverse side effects, and adverse behavior--, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p 77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." The patient has received prescriptions for Opana from 12/26/13 and 07/10/14. In this case, treater has not stated how Opana reduces pain and significantly improves patient's activities of daily living. There are no pain scales or validated instruments addressing analgesia. MTUS states that "function should include social, physical, psychological, daily and work activities." There are no specific

discussions regarding aberrant behavior, adverse reactions, ADLs, etc. No UDS's, opioid pain agreement or CURES reports. MTUS requires appropriate discussion of the 4As. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.

Wellbutrin XL 150 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SPECIFIC ANTIDEPRESSANTS Bupropion (Wellbutrin) Medications chronic pain Page(s): 13-16, 60.

Decision rationale: The patient presents with neck and back pain. The request is for WELLBUTRIN 150 MG #90. Physical examination on 07/10/14 to the cervical spine and the lumbar spine revealed limited range of motion in all planes. Patient's diagnosis, per 05/15/14 includes cervical and lumbar disc pain. Per 02/24/14 progress report, patient's medications include Opana, Opana ER, Soma, Zolpidem, and Voltaren. Patient is permanent and stationary. MTUS guidelines under: SPECIFIC ANTIDEPRESSANTS, page 16, for Bupropion (Wellbutrin) states this is a second-generation non-tricyclic antidepressant (a noradrenaline and dopamine reuptake inhibitor) has been shown to be effective in relieving neuropathic pain. MTUS Guidelines regarding antidepressants page 13 to 15 states, "While bupropion has shown some efficacy in neuropathic pain, there is no evidence of efficacy on patient with non-neuropathic chronic low back pain." Treater has not provided reason for the request. There is no documentation of major depression. The patient has neck and back pain and is diagnosed with cervical and lumbar disc pain. In this case, Wellbutrin may help the patient with pain and function, improve depression but There is no mention of neuropathic pain or major depression. There is no documentation regarding this medication's efficacy either. MTUS page 60 require recording of pain and function when medications are used for chronic pain. Therefore, the request IS NOT medically necessary.

Compound Benzocaine 20%/ Lidocaine 6%/ Tetracaine 4% with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113.

Decision rationale: The patient presents with neck and back pain. The request is for COMPOUND BENZOCAINE 20%/ LIDOCAINE 6%/ TETRACAINE 4% WITH 3 REFILS. Physical examination on 07/10/14 to the cervical spine and the lumbar spine revealed limited range of motion in all planes. Patient's diagnosis, per 05/15/14 includes cervical and lumbar disc pain. Per 02/24/14 progress report, patient's medications include Opana, Opana ER, Soma, Zolpidem, and Voltaren. Patient is permanent and stationary. The MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic

pain." The treater does not discuss this request. MTUS page 111 states that if one of the compounded topical product is not recommended, then the entire product is not. In this case, the requested topical compound contains Lidocaine, which is not supported for topical use in lotion form per MTUS. Therefore the request IS NOT medically necessary.