

Case Number:	CM15-0115302		
Date Assigned:	06/23/2015	Date of Injury:	11/30/1968
Decision Date:	07/22/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/15/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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:

The injured worker is a 69-year-old female, who sustained an industrial injury on 11/30/68. She has reported initial complaints of a neck and back injury at work. The diagnoses have included lumbosacral neuritis, lumbar post laminectomy syndrome, neurogenic bladder, and cervical post laminectomy syndrome. Treatment to date has included medications, activity modifications, diagnostics, surgeries, physical therapy and home exercise program (HEP). Currently, as per the physician progress note dated 5/13/15, the injured worker complains of difficulty in positioning due to her neck, which is fused forward. She reports problems with feeding due to inability to support her head. She has a nasogastric feeding tube to supplement her protein needs. She is completely dependent for most of her medical care. She is non ambulatory and dependent in care for dressing, bathing and bladder care. The physical exam reveals that she appears older than started age, she is obese, and she cannot keep her head up during the interview and is always with chin on chest due to cervical fusion. She is non-ambulatory and assisted by a power chair. There is pitting lymphedema of both lower extremities, which has improved, and there is minimal skin breakdown. She is status post seven spinal surgeries, totally dependent in care and she is seeing a neurosurgeon for potential surgery to improve current condition. The current medications included Orphenadrine, Oxycodone, Methadone, Vesicare, Nystatin, Amitiza, Minocycline, Omeprazole, Ondansetron, Cetrizine and Levothyroxine. The physician noted that she has signed a long-term controlled substance agreement. There is no previous urine drug screen reports noted in the records. The physician requested treatments included Oxycodone 10mg #60, Methadone 10mg #160, and Orphenadrine 100mg #60 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Oxycodone immediate release, Oxycodone controlled release, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management and Opioids, dosing Page(s): 78-80 and 86.

Decision rationale: Oxycodone 10mg #60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a 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. The MTUS does not support ongoing opioid use without improvement in function or pain. The MTUS states that there should be an assessment on the likelihood that the patient could be weaned from opioids if there is no improvement in pain and function. The MTUS states that a written consent or pain agreement for chronic use is not required but may make it easier for the physician and surgeon to document patient education, the treatment plan, and the informed consent. A urine drug screen can be obtained to assess for the use or the presence of illegal drugs. The documentation submitted does not reveal the above pain assessment or clear monitoring of the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors) as there is no evidence of an objective urine drug screen or objective pain agreement. The documentation reveals that the patient has been on long term opioids but it is not clear how this has increased her function. Furthermore, the MTUS does not recommend a morphine equivalent dose over 180 and this patient's opioids medications exceed this limit. For all of these reasons the request for Oxycodone is not medically necessary.

Methadone 10mg #160: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Methadone, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management and Opioids, dosing Page(s): 78-80 and 86.

Decision rationale: Methadone 10mg #160 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a 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. The MTUS does not support ongoing opioid use without improvement in function or pain. The MTUS states that there should be an assessment on the likelihood that the patient could be weaned from opioids if there is no improvement in pain and function. The MTUS states that a written consent or pain agreement for chronic use is not required but may make it easier for the physician and surgeon to document patient education, the treatment plan, and the informed consent. A urine

drug screen can be obtained to assess for the use or the presence of illegal drugs. The documentation submitted does not reveal the above pain assessment or clear monitoring of the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors) as there is no evidence of an objective urine drug screen or objective pain agreement. The documentation reveals that the patient has been on long term opioids but it is not clear how this has increased her function. Furthermore, the MTUS does not recommend a morphine equivalent dose over 180 and this patient's opioids medications exceed this limit. For all of these reasons the request for Methadone is not medically necessary.

Orphenadrine 100mg #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Orphenadrine (Norflex, Banflex, Antiflex, Mio-Rel, Orphenate, generic available) and Muscle Relaxants Page(s): 65 and 63.

Decision rationale: Orphenadrine 100mg #60 with 1 refill is not medically necessary per the MTUS Guidelines. The guidelines state that the mode of action of this medication is not clearly understood. Effects are thought to be secondary to analgesic and anticholinergic properties. This medication has been reported in case studies to be abused for euphoria and to have mood-elevating effects. The MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The documentation does not indicate that patient has an acute exacerbation with chronic low back pain but rather has chronic pain. This request for 1 refills and the fact that the patient has been on this medication does not suggest it is being used for short term use. Furthermore, there is no evidence of functional improvement on prior Orphenadrine. The request for Orphenadrine is not medically necessary.