MAXIMUS Federal Services

Case Number:	CM15-0179836		
Date Assigned:	09/21/2015	Date of Injury:	11/10/1997
Decision Date:	11/18/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	09/14/2015

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: Oregon
Certification(s)/Specialty: Plastic Surgery, Hand Surgery

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 50 year old male, who sustained an industrial injury on November 10, 1997. The injured worker was diagnosed as having chronic severe low back pain with bilateral lower extremity pain, recurrent disc lesion, status post lumbar fusion with removal of hardware, myofascial pain and spasm, poor sleep hygiene, opioid dependency with efficacy but tolerance, depression secondary to chronic pain, and large disc herniation with severe central canal stenosis at lumbar three to four. Treatment and diagnostic studies to date has included medication regimen, multiple surgeries, magnetic resonance imaging of the lumbar spine, and multiple epidural steroid injections. In a progress note dated August 04, 2015 the treating physician reports complaints of burning, aching, throbbing, spasm pain to the neck, back, hips, buttocks, and the bilateral lower extremities along with numbness, tenderness, weakness, swelling, and hypersensitivity. Examination performed on August 04, 2015 was revealing for positive Trendelenburg to the bilateral hips, decreased range of motion, and "slightly" forward flexed posture. On August 04, 2015 the injured worker's medication regimen included Celebrex, Dilaudid, Fentora, Opana ER, Lyrica, and Baclofen. The documentation noted that the injured worker has been taking the medications of Celebrex, Dilaudid, Fentora, Opana ER, Lyrica, and Baclofen since at least January 07, 2015. On August 04, 2015 the injured worker's pain level was noted to be 10 out of 10 that decrease to 6 out of 10 with the use of his current medication regimen. On August 04, 2015 the treating physician noted that without the use of the injured worker's medication regimen he was unable to perform activities of daily living, has limited sitting and standing, difficulty driving, disturbed sleep pattern, and was unable to attend social

activities, but with the use of the injured worker's medication regimen he was able to have pain relief lasting about 6 to 8 hours, was able to walk and sit for about 30 to 45 minutes from 10 minutes without medication, was able to sleep 8 to 10 hours, was able to perform activities of daily living with grooming and household activities, was able to drive, and was able to participate in social activities. On August 04, 2015 the treating physician requested the medications of Opana ER 40mg with a quantity of 90, Fentora 600mcg with a quantity of 30, Baclofen 20mg with a quantity of 60 with 3 refills, Celebrex 200mg with a quantity of 60 with 3 refills, and Lyrica 75mg with a quantity of 90 with 3 refills noting current use of these medications as noted above. On September 10, 2015 the Utilization Review determined the requests for the medications of Opana 40mg with a quantity of 90 and Fentora 600mcg with a quantity of 30 to be non-certified. On September 10, 2015 the Utilization Review determined the requests for the medications of Baclofen 20mg with a quantity of 60 with 3 refills, Celebrex 200mg with a quantity of 60 with 3 refills, and Lyrica 75mg with a quantity of 90 with 3 refills to be modified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana 40mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment.

Decision rationale: Opana ER is an opioid agonist indicated for the management of pain severe enough to require daily, around-the-clock, long-term opioid treatment and for which alternative treatment options are inadequate. Per ACOEM, Initial Approaches to Treatment, page 47 and 48, opioids: Opioids appear to be no more effective than safer analgesics for managing most musculoskeletal and eye symptoms; they should be used only if needed for severe pain and only for a short time. Opioids cause significant side effects, which the clinician should describe to the patient before prescribing them. Poor patient tolerance, constipation, drowsiness, clouded judgment, memory loss, and potential misuse or dependence has been reported in up to 35% of patients. Patients should be informed of these potential side effects. The patient has chronic neuropathic pain. MTUS and ACOEM do not support chronic opiate use for the management of pain. The patient has been on opiates for months. He is likely to become tolerant to the opiates and experience rebound hyperalgesia. The request is not medically necessary.

Fentora 600mcg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment.

Decision rationale: Fentora treats moderate to severe chronic pain. This medicine is a narcotic pain reliever. Per ACOEM, Initial Approaches to Treatment, page 47 and 48, opioids: Opioids appear to be no more effective than safer analgesics for managing most musculoskeletal and eye symptoms; they should be used only if needed for severe pain and only for a short time. Opioids cause significant side effects, which the clinician should describe to the patient before prescribing them. Poor patient tolerance, constipation, drowsiness, clouded judgment, memory loss, and potential misuse or dependence has been reported in up to 35% of patients. Patients should be informed of these potential side effects. The patient has chronic neuropathic pain. MTUS and ACOEM do not support chronic opiate use for the management of pain. The patient has been on opiates for months. He is likely to become tolerant to the opiates and experience rebound hyperalgesia. The request is not medically necessary.

Baclofen 20mg #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: Per MTUS page 63, Muscle relaxants: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The patient has low back pain. The records indicate that he has been receiving muscle relaxants for months. MTUS supports only a short term treatment with muscle relaxants. The treatment duration exceeds guidelines. The request is not medically necessary.

Celebrex 200mg #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: Per MTUS page 67, "Back Pain - Acute exacerbations of chronic pain: Recommended as a second-line treatment after acetaminophen." "Back Pain - Chronic low back pain: Recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. In addition, evidence from the review suggested that no one NSAID, including COX-2 inhibitors, was clearly more effective than another." MTUS does not support chronic treatment with NSAIDS. The patient has been on NSAIDS for months, and another four month supply (3 refills) is requested. This represents chronic treatment, which is not supported by MTUS. The request is not medically necessary.

Lyrica 75mg #90 with 3 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: Per MTUS page 16: Anti-epilepsy drugs (AEDs) are also referred to as anti-convulsants: Recommended for neuropathic pain (pain due to nerve damage). This patient has severe neuropathic pain. He has responded to some extent to Lyrica in the past. Continued treatment is warranted given the chronic nature of his condition, the limited alternatives for treatment and the trend toward efficacy documented in peer literature. MTUS supports this treatment. The request is medically necessary.