MAXIMUS Federal Services

| Case Number: | CM15-0071907 | | |
|---|---|---|---|
| Date Assigned: | 04/22/2015 | Date of Injury: | 05/22/1998 |
| Decision Date: | 05/21/2015 | UR Denial Date: | 04/02/2015 |
| Priority: | Standard | Application Received: | 04/15/2015 |

## 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: California
Certification(s)/Specialty: Preventive Medicine, Occupational 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 49-year-old male, who sustained an industrial injury on 5/22/1998. The current diagnoses are failed back syndrome, chronic pain syndrome, left lumbar radiculopathy, right knee pain, right trochanteric bursitis, right ankle pain, and depression. According to the progress report dated 3/26/2015, the injured worker complains of constant low back pain with radiation into the left buttocks associated with a burning sensation. The pain is rated 9-10/10 on a subjective pain scale. Additionally, he reports intermittent right knee pain, rated 5-6/10. The current medications are Voltaren gel, Cyclobenzaprine, Opana, and Lyrica. There is documentation that Lyrica and Voltaren have been beneficial, but in the records reviewed, there are no reported benefits from the Opana. Treatment to date has included medication management, right knee brace, psychiatry, and gym membership. The plan of care includes Flexeril and Opana.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10mg, #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 64-66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64.

**Decision rationale:** MTUS Guidelines do not support the long-term (greater than 3 weeks) use of Flexeril. Short-term use and/or limited use during a distinct flare-up are recommended, however this is being prescribed for long-term daily use. There are no unusual circumstances to justify an exception to Guidelines. The Flexeril 10mg. #90 is not any supported by Guidelines and is not medically necessary.

**Opana 30mg, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

**Decision rationale:** MTUS Guidelines have very specific requirements of documentation and patient benefits to support the long-term daily use of opioid medications. These requirements include clear documentation of how the medication is utilized, how long pain relief lasts and how much pain relief is realized. They also include reasonable documentation of functional benefits as a result opioid use. These standards are not met in this patient. There are no unusual circumstances to justify an exception to Guidelines, the Opana 30mg #60 are not medically necessary.