

Case Number:	CM15-0095164		
Date Assigned:	05/21/2015	Date of Injury:	12/19/2008
Decision Date:	07/03/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/18/2015

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: 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 55 year old female, who sustained an industrial injury on 12/19/2008. She reported low back pain while picking up an object at work. The injured worker is currently not working and permanent and stationary. The injured worker is currently diagnosed as having cervical spinal stenosis, post-laminectomy syndrome, and cervical spondylosis without myelopathy. Treatment and diagnostics to date has included carpal tunnel joint injection, epidural steroid injection's, lumbar fusion surgery, lumbar x-rays showed solid fusion without any evidence of instability at L3-4, physical therapy, and medications. In a progress note dated 04/08/2015, the injured worker presented with complaints of chronic neck pain. Objective findings include decreased sensation along the left S1 dermatomes, positive right shoulder impingement test, and tenderness to palpation to right bicep, cervical paraspinals, and lumbar sacral spine. The treating physician reported requesting authorization for Opana ER, Soma, Baclofen, and Dilaudid.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana ER (extended release) 20 mg Qty 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxymorphone (Opana) Page(s): 93-94.

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

Decision rationale: This patient presents with chronic neck and low back pain. The current request is for Opana ER (extended release) 20 mg Qty 60. The Request for Authorization is dated 4/16/15. Treatment and diagnostics to date has included carpal tunnel joint injection, epidural steroid injection's, lumbar fusion surgery, lumbar x-rays showed solid fusion without any evidence of instability at L3-4, physical therapy, and medications. The patient is working. For chronic opiate use, the MTUS guidelines pages 88 and 89 states, "Pain should be assessed at each visit and function should be measured at 6-month intervals using a numerical scale or validated instrument." The MTUS page 78 also requires documentation of the 4 A's, which includes analgesia, ADLs, adverse side effects, and aberrant behavior. MTUS also requires 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. The patient has been utilizing Opana since at least 03/09/15. According to progress report 03/09/15, the patient is taking medications which relieve her pain. CURES reports are check and random UDS are administered. Report 04/18/15 noted current pain as 8/10. The treater reported that "while the pain is never totally abated, the current dose and frequency allow for increased mobility and function." The patient reports no side effect. The patient is able to continue working with the use of medications. In this case, the treating physician has provided adequate documentation including the 4A's as requirement by MTUS for opiate management. The request IS medically necessary.

Dilaudid 4 mg Qty 180: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 93-94, 113.

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

Decision rationale: This patient presents with chronic neck and low back pain. The current request is for Dilaudid 4 mg Qty 180. The Request for Authorization is dated 4/16/15. Treatment and diagnostics to date has included carpal tunnel joint injection, epidural steroid injection's, lumbar fusion surgery, lumbar x-rays showed solid fusion without any evidence of instability at L3-4, physical therapy, and medications. The patient is working. For chronic opiate use, the MTUS guidelines pages 88 and 89 states, "Pain should be assessed at each visit and function should be measured at 6-month intervals using a numerical scale or validated instrument." The MTUS page 78 also requires documentation of the 4 A's, which includes analgesia, ADLs, adverse side effects, and aberrant behavior. MTUS also requires 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. The patient has been utilizing Dilaudid since 02/09/15. According to progress report 03/09/15, the

patient is taking medications which relieve her pain. CURES reports are checked and random UDS are administered. Report 04/18/15 noted current pain as 8/10. The treating reports that "while the pain is never totally abated, the current dose and frequency allow for increased mobility and function." The patient reports no side effect with medications. The patient is able to continue working with the use of medications. In this case, the treating physician has provided adequate documentation including the 4A's as requirement by MTUS for opiate management. The request IS medically necessary.

Soma 350 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: This patient presents with chronic neck and low back pain. The current request is for Soma 350 mg Qty 60. The Request for Authorization is dated 4/16/15. Treatment and diagnostics to date has included carpal tunnel joint injection, epidural steroid injection's, lumbar fusion surgery, lumbar x-rays showed solid fusion without any evidence of instability at L3-4, physical therapy, and medications. The patient is working. The MTUS Guidelines page 63-66 states, "muscle relaxants, for pain: Recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The most commonly prescribed antispasmodic agents are Carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite the popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions." In a progress note dated 04/08/2015, the patient presented with complaints of chronic neck pain. Objective findings include decreased sensation along the left S1 dermatomes, positive right shoulder impingement test, and tenderness to palpation to right bicep, cervical paraspinals, and lumbar sacral spine. MTUS Guidelines supports the use of cyclobenzaprine for short course of therapy, not longer than 2 to 3 weeks. This patient has been using Soma since 03/09/15; therefore, recommendation for further use cannot be supported. This request IS NOT medically necessary.

Baclofen 10 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-67.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, under Muscle Relaxants.

Decision rationale: This patient presents with chronic neck and low back pain. The current request is for Baclofen 10 mg Qty 60. The Request for Authorization is dated 4/16/15. Treatment and diagnostics to date has included carpal tunnel joint injection, epidural steroid

injection's, lumbar fusion surgery, lumbar x-rays showed solid fusion without any evidence of instability at L3-4, physical therapy, and medications. The patient is working. Regarding muscle relaxants for pain, MTUS Guidelines page 63 states, "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Drugs with the most limited published evidence in terms of clinical effectiveness include chlorzoxazone, methocarbamol, dantrolene and baclofen." ODG Pain chapter, under Muscle Relaxants states: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term (less than two weeks) treatment of acute LBP and for short-term treatment of acute exacerbations in patients with chronic LBP." This appears to be an initial request for this medication. In regard to the trail of Baclofen, the provider has exceeded guideline recommendations. Progress report 04/08/15 states "Baclofen 10mg 1 po bid #60" which equates to a 30 day supply. The requested amount exceeds guideline recommendations, which only support this class of medications for less than two weeks use. Therefore, the request IS NOT medically necessary.