

Case Number:	CM13-0010850		
Date Assigned:	11/08/2013	Date of Injury:	05/17/1998
Decision Date:	04/30/2014	UR Denial Date:	07/31/2013
Priority:	Standard	Application Received:	08/14/2013

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 61 year old female who was injured on 05/17/1998. The mechanism of injury is unknown. Prior treatment history has included Lyrica 75 mg, 4 a day with increase to 100 mg, Norco 10/325 mg, 4 a day and Zoloft 200 mg. There is no urine drug screen on file. PR-2 dated 03/03/2013 documented the patient to have complaints of back and burning leg pain. Her pain level is 8/10 without medication. Medications are not getting covered by carrier due to lack of Opana ER. The patient is still on Zoloft for depression. PR-2 dated 07/15/2013 documented the patient with complaints of back and leg pain. The pain level is 9/10, 5/10 with Opana ER 30 mg and Norco 5-6 a day could reduce the pain to 4/10. Progress note (verification of treatment) dated 08/30/2013 from John Edwards, MD documented the patient with complaints of chronic back and leg pain status post laminectomy x 2 for many years. Over time the patient has developed tolerance to some medications and has significant GI upset with others. She has managed to do very well with Opana ER 30 mg twice a day and a small number of short-acting Norco. She is also on tricyclic drug at bedtime to help with her leg pain. PR-2 dated 08/26/2013 documented the patient with complaints of back and leg pain. The pain level is 8/10 without meds. Resuming Opana ER 30 mg bid and Opana IR 10 mg 2-3 a day decreases pain to 3/10.

IMR ISSUES, DECISIONS AND RATIONALES

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

OPANA ER 30MG TABLET #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Dosing Opioids Specific Drug List Page(s): 86-87, 93..

Decision rationale: The guidelines recommend that opioid dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. Morphine Equivalent Dose (MED) factor of Oxymorphone is 3. The patient's MED with Opana ER alone, is 180mg. In addition, the patient takes Opana IR. Consequently, her cumulative daily MED greatly exceeds the limit of 120 mg, per the guidelines. Continuing this patient on Opana ER is not supported by the guidelines, and is recommended as non-certified.