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| Case Number: | CM13-0017051 | | |
| Date Assigned: | 10/11/2013 | Date of Injury: | 03/10/2011 |
| Decision Date: | 09/30/2014 | UR Denial Date: | 08/21/2013 |
| Priority: | Standard | Application Received: | 08/27/2013 |

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a case of a 59-year-old male who has submitted a claim for thoracic strain, thoracic radiculopathy, costovertebral osteoarthritis, cervical mechanical pain, shoulder pain and, shoulder capsulitis; associated with an industrial injury date of 03/10/2011. Medical records from 2012 to 2013 were reviewed. Latest progress reports showed that the pain severity overall is 4/10 for his back, neck, and shoulder. It is unclear on which regions are cleared for treatment. This pain is adequately helped by the medications, though they do help partially. He does not have much in the way of home exercise program. There were no new injuries and no constitutional symptoms are reported. Upon physical examination, standing is again graded with the greatest pain for right more so than left. Twisting of neck, flexion and extension, and adduction at the shoulder at the shoulder is more painful on left than right, and limited to just 90 degrees. Diffusely tender about the shoulder, more on that left side. Lower extremities are grossly normal without observable abnormality or asymmetry of temperature, color, contour, or size. Treatment to date has included yoga, physical therapy, medications, TENS, and pain psychology. Medications taken includes Atenolol, Ibuprofen, Diazepam, Xanax, Cyclobenzaprine, Lorazepam, Opana Er, Lunesta, Zanaflex, Mobic, Norco, Savellam and Sennakot. Utilization review dated 10/03/2013 modified the request to 3 of 3 Opana ER 10 mg 1 po Q 12 hours for long acting pain control #60 to allow continued use for weaning purposes ONLY for lack of functional benefit.

IMR ISSUES, DECISIONS AND RATIONALES

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

OPANA ER TAB 10 MG 1 MONTH SUPPLY FOR WEANING PURPOSES AT DOCTOR'S DISCRETION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxymorphone (Opana).

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

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the patient was started on Opana ER since 01/07/2013. Since then, there has been no documentation that would support alleviation of patient's symptoms in terms of pain level or overall functional improvement. Urine drug screen dated 06/28/13 tested positive for hydrocodone, norhydrocodone, hydromorphone, and oxymorphone, which is consistent with the patient taking Norco and Opana ER. Coincidentally, the patient tested positive for nordizepam, oxazepam and temazepam, which is not expected by the clinical pharmacist because the parent drug was not on the list of prescribed medications provided by the prescriber or in the PMSI pharmacy records. Based on the aforementioned discussion, weaning of Opana has been established. However, the present request as submitted failed to indicate quantity to be dispensed. Therefore, the request for Opana ER tab 10 mg 1 month supply for weaning purposes at doctor's discretion is not medically necessary.