

Case Number:	CM13-0035476		
Date Assigned:	12/13/2013	Date of Injury:	03/10/2008
Decision Date:	08/20/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/17/2013

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 Family Practice, 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:

44 yr. old male claimant sustained a work injury on 3/10/08 involving the lower extremities. An MRI in 6/ 2008 of the left knee showed medial collateral ligament tear, into your cruciate ligament tear and chondromalacia. He had undergone retinacular release and patellar chondroplasty n September 2008. A progress note in December 13, 2013 indicated he had five out of 10 left knee pain. His pain was managed with Norco 10 mg TID, Cymbalta, nortriptyline and Opana ER 10 mg BID. Exam findings were notable for 5/10 pain, tenderness in the medial and lateral joint lines, pain with flexion and extension, difficulty bearing weight and come laxity. He was continued on his Norco, nortriptyline and Opana. His pain and exam findings were unchanged over a prior examination in September 2013. He had been on Norco for at least a year and Opana for several months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana ER 10mg, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 82-92.

Decision rationale: According to the MTUS guidelines, strong opioids such as Oxymorphone are indicated for extreme circumstances. He had been on Norco for an extended time with the addition of Opana. There have been no long-term studies on opioid use. Long-term users need to document pain and functional improvement and compare to baseline. Opioids are not recommended for mechanical etiologies and not 1st line for osteoarthritis. There is no documentation of failure of NSAID or Tylenol use. There is no improvement in pain or function in over 4 months use of Opana. The continued use of Opana is not medically necessary.