

Case Number:	CM13-0042429		
Date Assigned:	03/28/2014	Date of Injury:	12/04/2003
Decision Date:	04/28/2014	UR Denial Date:	10/11/2013
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 Occupational Medicine and is licensed to practice in California, Colorado, Michigan, Pennsylvania, and Texas. 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 50 year old female who was injured on 12/04/2003. She sustained an injury to her cervical spine. The mechanism of injury is unknown. 02/11/2014 Medications Include: Opana Morphine Medication Adverse Reaction: Morphine-nausea Amlodipine Ibuprofen Percocet ProAir HFA Provigil Pain Management physician notes dated 02/11/2014 documented the patient to have complaints of new pain in her left upper extremity. She simply lifted her left arm and had a shooting pain reaching into her index finger. She rates her pain as 3/10 with radiation in bilateral upper extremities, paresthesias in bilateral hands. Her pain is aggravated by physical activities and cold weather, sitting, driving, and walking. Her warehouse work is getting harder to do. Pain Management physician notes dated 10/17/2013 indicated the patient was in for a follow up visit on her cervical neck pain. She is not happy with Opana and her pain level been higher recently. She has aching, stabbing, and shocking pain. She rates the pain a 7/10. She has radiation in bilateral upper extremities with tingling in bilateral fingers as well. The patient is diagnosed with spinal stenosis in cervical region and degeneration of cervical intervertebral disc. Due to the fact that she is experiencing continuous moderate to severe chronic pain, at her last visit we started Opana ER 5 mg. She was instructed to start with one tablet qhs and either increase to 2 tabs qhs or 1 tab q 12h.

IMR ISSUES, DECISIONS AND RATIONALES

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

OPANA 5MG QTY: 30.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, Page(s): 93. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS, 93

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), PAIN CHAPTER.

Decision rationale: According to the 2/11/2014 medical report, the patient reported a new pain in the left upper extremity, rates her pain as 3/10 with radiation in bilateral upper extremities, paresthesias in bilateral hands. Her pain is aggravated by physical activities and cold weather, sitting, driving, and walking. The medical records document minimal pain levels. Opana is a highly potent opiate indicated for patients that require around the clock pain management. It is not indicated for prn use, and not appropriate for mild pain. Guidelines indicate "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. In this case, the patient has been placed on Opana, Morphine and Percocet. The records do not document a UDS, which is recommended for monitoring chronic opiate patients. The medical records do not document pain level with and without medications, use of non-opioid measures to limited pain and improve function, and use of a pain diary by the patient to catalog medication use, which is advised by the guidelines. The medical records do not establish this potent opiate is medically necessary for the management of this patient's mild to moderate pain complaints. Consequently, Opana is not certified.