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| Case Number: | CM13-0052734 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 07/06/1999 |
| Decision Date: | 04/30/2014 | UR Denial Date: | 10/22/2013 |
| Priority: | Standard | Application Received: | 11/18/2013 |

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 and Rehabilitation, has a subspecialty in Pain Management 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:

This is a female patient with a date of injury of July 6, 1999. A utilization review determination dated October 22, 2013 recommends non-certification of Opana ER 20 mg PO BID. Non-certification is recommended since (this is not a first line opiate medication, and the patient's dose exceeds 120 mg of morphine equivalents daily). Home care notes are provided for review indicating that the patient requires no assistance for many activities of daily living. Housekeeping services appeared to be provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

OPANA ER 20MG PO BID FOR THE LUMBAR SPINE AND RIGHT SHOULDER PAIN AS AN OUTPATIENT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-79.

Decision rationale: Regarding the request for Opana ER, California Pain Medical Treatment Guidelines state that Opana ER is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional

improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the Opana ER is improving the patient's function or pain (in terms of percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. Additionally, as pointed out by the utilization review physician, there is no documentation of a pain management consultation to support the ongoing use of opiate pain medication in excess of 120 mg of morphine equivalents, and no documentation that the patient has tried first line opiate therapy prior to being placed on Opana. In the absence of such documentation, the currently requested Opana ER is not medically necessary.