

Case Number:	CM13-0060067		
Date Assigned:	12/30/2013	Date of Injury:	12/01/1998
Decision Date:	04/17/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	12/02/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, Pulmonary Disease, 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 physician 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 reported an injury on 12/01/1998. The mechanism of injury was not provided. The patient's diagnoses were noted to include cervicalgia and lumbago. The patient's medication history as of 07/2013 revealed the patient was taking Opana ER, Norco 10/325, Naprelan, Nexium, Pristiq, and Docuprene/Senokot S. The clinical documentation dated 09/26/2013 revealed the patient's pain was helped by Opana ER and the patient had periodic constipation. The treatment plan included refills for Topamax, Norco, Opana ER, Naprelan, Nexium, Pristiq, Docuprene/Senokot as needed for constipation, and Toradol, as well as physical therapy for flare up.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE/APAP 10/325 MG # 240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Sections on Medications for Chronic pain, Ongoing Management, Opioids, Dosing Page(s): 60,78,86.

Decision rationale: California MTUS Guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in the

VAS score, and evidence that the patient is being monitored for aberrant drug behavior and side effects. The cumulative dosing should not exceed 120 mg oral morphine equivalents per day. The clinical documentation submitted for review indicated the patient had constipation with the medications. There was a lack of documentation of objective improvement in functional status, and objective decrease in the VAS score and evidence that the patient was being monitored for aberrant drug behavior and side effects. The patient's oral morphine equivalence would be 200 which exceed guideline recommendations. There was a lack of documentation of exceptional factors to warrant non adherence to guideline recommendations. Given the above, the request for hydrocodone/APAP 10/325 mg # 240 is not medically necessary.

OPANA ER 10 MG # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Sections on Medications for Chronic pain, Ongoing Management, Opioids, Dosing Page(s): 60,78,86.

Decision rationale: California MTUS Guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in the VAS score, and evidence that the patient is being monitored for aberrant drug behavior and side effects. The cumulative dosing should not exceed 120 mg oral morphine equivalents per day. The clinical documentation submitted for review indicated the patient had constipation with the medications. There was a lack of documentation of objective improvement in functional status, and objective decrease in the VAS score and evidence that the patient was being monitored for aberrant drug behavior and side effects. The patient's oral morphine equivalence would be 200 which exceed guideline recommendations. There was a lack of documentation of exceptional factors to warrant non adherence to guideline recommendations. Given the above, the request for Opana ER 10 mg # 60 is not medically necessary.

OPANA ER 40 MG # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Sections on Medications for Chronic pain, Ongoing Management, Opioids, Dosing Page(s): 60,78,86.

Decision rationale: California MTUS guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in the VAS score, and evidence that the patient is being monitored for aberrant drug behavior and side effects. The cumulative dosing should not exceed 120 mg oral morphine equivalents per day. The clinical documentation submitted for review indicated the patient had constipation with the medications. There was a lack of documentation of objective improvement in functional status, and objective decrease in the VAS score and evidence that the patient was being monitored for aberrant drug behavior and side effects. The patient's oral morphine equivalence would be 200

which exceed guideline recommendations. There was a lack of documentation of exceptional factors to warrant non adherence to guideline recommendations. Given the above, the request for Opana ER 40 mg # 60 is not medically necessary.