

Case Number:	CM14-0008713		
Date Assigned:	02/12/2014	Date of Injury:	08/13/1998
Decision Date:	06/24/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	01/21/2014

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 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:

The injured worker is a 58 year old male with a reported date of injury on 08/13/1998. The mechanism of injury was reportedly caused from lifting. The injured worker complained of thoracic pain, constipation, and urinary frequency. The injured worker described his pain as moderate to severe. According to the injured worker, his pain was rated 10/10 without medication and 7/10 with medication. The injured worker's diagnoses included hypercholesterolemia, myalgia, cervical degenerative disc disease, diabetes, depression, muscle spasms, hypertension, constipation, thoracic degenerative disc disease, carpal tunnel syndrome, and insomnia. The injured worker's medication regimen included Opana ER, Lyrica, Amitiza, Trazodone, Synthroid, glyburide/metformin, lisinopril, Actos, aspirin, Zoloft, Trilipix, and lovastatin. According to the documentation provided for review, the injured worker has undergone urine drug screens with no abnormalities observed. The request for authorization of Opana ER 20 mg #90 and Amitiza 24 mcg #60 with 4 refills was submitted on 01/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

OPANA ER 20 MG, # 90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , PAGE 93

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Opioids, specific drug list Page(s): 74-78, 91.

Decision rationale: According to the California MTUS Guidelines, Oxymorphone or Opana is not intended for PRN (as needed) use. According to the Guidelines, the starting dose is 10 mg to 20 mg by mouth every 4 to 6 hours as needed. Patients may be started at doses of 5 mg if appropriate. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. According to the documentation dated 01/2014, the injured worker states his pain with medication is 7/10, and without medication is 10/10. The information provided for review lacks documentation of significant objective functional improvement related to the ongoing use of Opana. The provider did not include an adequate and complete assessment of the injured workers pain. Therefore, the request for Opana ER 20 mg, #90 is not medically necessary.

AMITIZA 24 MCG, # 60 WITH 4 REFILLS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Opioids, criteria for use Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioid-induced constipation treatment.

Decision rationale: The guideline states prophylactic treatment of constipation should be initiated with opioid medications. According to the Official Disability Guidelines (ODG), opioid induced constipation treatment is recommended. Opioid induced constipation is a common adverse effect of long-term opioids. According to the documentation provided, the injured worker has been utilizing Amitiza in addition to over-the-counter medications for constipation. There is lack of documentation as to the effectiveness in long-term use of Amitiza as the injured worker is utilizing other over-the-counter medications for the complaint of constipation. In addition there is a lack of documentation regarding the injured works use or effectiveness of initial treatment for constipation. The request for continued use of Amitiza is unclear. Therefore, the request for Amitiza 24 mcg, #60 with 4 refills is not medically necessary.