

Case Number:	CM14-0102124		
Date Assigned:	09/16/2014	Date of Injury:	02/05/1999
Decision Date:	10/15/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/02/2014

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 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:

The injured worker is a 57-year-old male who sustained injuries on February 5, 1999 while performing his usual and customary duties as an iron worker. He is diagnosed with cervical sprain/strain with myofasciitis; bilateral shoulder impingement with rotator cuff tendinitis; bilateral trapezius muscle strains; and intractable neck; and bilateral shoulder pain. The injured worker has noted opioid dependency as per a report dated November 13, 2013. An interval report dated January 8, 2014 noted the injured worker presented for a medication refill. He complained of throbbing and aching pain, increased by movement. Roxicodone 30 mg #150 one tablet by mouth every 4 to 6 hours, as needed was prescribed. The urine drug screen was performed on June 9, 2014 which showed positive results of hydrocodone and norhydrocodone, which was noted to be not part of the prescription list. An interval report dated June 9, 2014 noted complaints of neck pain rated as 7/10, which he described as constant. Medication utility includes Roxicodone 30 mg, one tablet every four hours. The injured worker reported his pain is decreased by medication and sleeping. The physical examination findings were significant for decreased ranges of motion in all planes of the back. The urine drug screen dated June 23, 2014 noted inconsistent findings of noroxycodone, oxycodone, oxymorphone, noroxymorphone, and meprobamate. On July 3, 2014, the injured worker reported he was doing well with prescribed Roxicodone. However, he continued to complain of persisting neck pain rated as 7/10. The physical examination findings remain unchanged. The recent urine drug screen dated September 8, 2014 showed positive results of oxycodone, noroxycodone, and oxymorphone, which was noted to be not part of the prescription list.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana IR 10mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 78,86,9,74,.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Opioids, long-term assessment, Opioids, specific drug list, Page(s): 76.

Decision rationale: The Chronic Pain Guidelines state that Opana (Oxymorphone) is used for moderate to severe pain and recommended as a second-line therapy for long-acting opioids. Furthermore, the Chronic Pain Guidelines have provisions for opioids, but require certain criteria for ongoing monitoring. The criteria include documentation available for review of 4 A's: adverse effects, activities of daily living, monitoring of aberrant behaviors, and analgesic efficacy. As per guideline, the monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation for the clinical use of opioid medication. In this case, the urine drug screens for opioid medication have been submitted but showed findings of detection of metabolites inconsistent with prescribed medications. Review of medical records submitted do not indicate any evidence that the injured worker derived prior benefit or functional improvement through prior usage such as decrease in pain on a visual analogue scale and increased functionality. Additionally, the injured worker has been prescribed Roxicodone in the past. The prior utilization review dated February 14, 2014 noted modification of Roxicodone to facilitate weaning as per guidelines since it was recommended that the treating physician resort to a treatment strategy that reduces opioid dosage and dependence on opioid medication. Opana replaced Roxicodone. However, there was no indication of reduction of dose of Roxicodone as well as evidence of weaning as recommended to warrant a utilization of Opana. It is also significant to note that the injured worker's inconsistent urine drug screens have not been addressed in the medical records provided. Therefore, it can be concluded that Opana IR 10 mg #120 is not medically necessary.