

Case Number:	CM14-0109549		
Date Assigned:	08/01/2014	Date of Injury:	04/03/2002
Decision Date:	09/15/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	07/14/2014

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 Anesthesiology as a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 43-year-old male who reported injury on 04/03/2002. He reportedly sustained injuries to his neck, upper extremities, and back while shoveling asphalt. The injured worker's treatment history included medications, epidural steroid injections, pain management, psychiatric treatment, MRI studies, and physical therapy. The injured worker was evaluated on 04/14/2014, and it was documented the injured worker was continuing to have low back and leg pain to the left. His pain was currently controlled with his medication. Opana IR retrieval worked well. Opana ER continued to control his baseline pain. Overall, the injured worker was stable. Average pain was 6/10 to 7/10, functional level was 7/10 to 8/10. The injured worker complains of poor sleep quality due to pain. The injured worker was not using a sleep aid. Physical examination revealed he continued to have ongoing baseline left sided low back pain with pain shooting to his groin and into his left leg/foot C/W L3 lesion due to synovial cysts. He had lumbar paraspinal muscle tenderness to lumbar spine junction on left. Straight leg raise test was positive. He had decreased range of motion lumbar spine. Diagnoses included post laminectomy syndrome lumbar region, lumbago, thoracic/lumbosacral radiculitis unspecified, spasms of the muscle, and unspecified myalgia and myositis, chronic low back pain and left leg pain, depression/anxiety secondary to injury/pain, and poor sleep hygiene. The injured worker had a urine drug screen on 06/02/2014 that was positive for opioids, and on 03/17/2014 that was positive for opioids as well. The Request for Authorization dated 04/16/2014 was for Opana ER and Opana IR, and the rationale was to control the injured worker's baseline pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana (ER) Extended Release - 60 Tablets - Unspecified dosage: 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 Opioids, criteria for use Page(s): 78.

Decision rationale: The request for Opana ER 60 tabs unspecified dosage is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) guidelines state that criteria for use for ongoing- management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There was lack of evidence of opioid medication management and average pain, intensity of pain, or longevity of pain relief. There was no urine drug screen submitted for the injured worker to identify the injured worker ongoing compliance regiment of the Opana ER. In addition, the request does not include the frequency, dosage or duration. In addition, there was no documented evidence of conservative care such as, physical therapy or home exercise regimen outcome improvements noted for the injured worker. The provider failed to indicate the injured worker long term functional goals. Given the above, the request for the ongoing use of Opana ER 60 tabs unspecified dosage is not supported by the California Medical Treatment Utilization Schedule (MTUS) guidelines recommendations. As such the request is not medically necessary.

Opana IR 10mg - 120 Tablets: 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 Opioids Page(s): 78.

Decision rationale: The request for Opana IR 10mg 120 tabs is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) guidelines state that criteria for use for ongoing- management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There was lack of evidence of opioid medication management and average pain, intensity of pain, or longevity of pain relief. There was no urine drug screen submitted for the injured worker to identify the injured worker ongoing compliance regiment of the Opana IR. In addition, the request does not include the frequency or duration. In addition, there was no documented evidence of conservative care such as, physical therapy or home exercise regimen outcome improvements noted for the injured worker. The provider failed to indicate the injured worker long-term functional goals. Given the above, the request for the ongoing use of Opana IR 20 mg 120 tabs is not supported by the California Medical Treatment Utilization Schedule (MTUS) guidelines recommendations. As such the request is not medically necessary.

