

Case Number:	CM14-0016080		
Date Assigned:	06/04/2014	Date of Injury:	05/16/2009
Decision Date:	08/15/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	02/07/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 39-year-old man who sustained a work-related injury on May 16, 2009. Subsequently, he developed chronic low back pain, insomnia, anxiety, and depression. The patient was treated with chronic high dose of opioids resulting in narcotics dependence. According to the progress report from January 7, 2014, the patient reported low back pain with a pain intensity 8/10 with medications and 10/10 without medications. There is no current objective findings provided. The patient was on Opana. Radiographs of the lumbar spine dated March 7, 2014 revealed no acute fracture grade 1 retrolisthesis L4 on L5. CT scan of the head dated March 7, 2014 indicated no acute intracranial abnormality but mild sinus mucosal disease. The patient was diagnosed with status post motor vehicle accident burn, chronic pain syndrome, narcotic dependence, chronic pain related insomnia, chronic pain related anxiety, and chronic pain related depression. In previous utilization reviews, this patient was certified to receive prescriptions of the opiate regimen adequate to allow for appropriate weaning. There was an attempt to switch the patient to MS Contin and Norco but the treating physician indicates this attempt has failed. The patient was restarted on Opana ER in October with a plan to evaluate the patient for a detoxification program. The provider requested authorization for Opana 40 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

OPANA 40 MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, Opana is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules:(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy.(b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Appropriate follow up to evaluate the efficacy of prescribed medications. ` Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. There is no clear evidence of objective and recent functional and pain improvement with previous use of high opioid doses that will justify continuing use of Opana. The patient pain level was quantified as 8/10 with pain medications improving from 10/10. There is no clear documentation of the efficacy/safety of previous use of opioid. There is no documentation of functional improvement and change in the quality of life of patient with opioid use. There is no clear justification for the need to continue the use of Opana. Therefore, the prescription of Opana 40 mg #90 is not medically necessary.