

Case Number:	CM14-0110339		
Date Assigned:	08/01/2014	Date of Injury:	07/08/2008
Decision Date:	10/15/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/15/2014

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, has a subspecialty 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:

This is a male patient with a date of injury of July 8, 2008. A utilization review determination dated June 17, 2014 recommends noncertification of Opana ER 30 mg one PO Q 12 hours with modification to Opana ER 30mg Q 12hr one month supply. A progress note dated June 10, 2014 identifies subjective complaints of history and left arm, left leg, mid back right greater than left, shoulder, right knee, and right hand pain. The patient complains of headaches and neuropathy secondary to electrocution. The patient reports left thumb and index finger with tingling and numbness intermittently during the day and aching and throbbing through the night which has been present since his knee buckled a month ago and he "jammed" his left shoulder. The patient states he has been having recent burning pain in the posterior left leg and buttock, headaches remain more frequent, he has continued burning, cramping, tingling in the right mid thoracic area, cramping in the left arm, right bicep and left hands, numbness in the left middle, ring, and little finger, and left hip pain. The patient continues to perform home exercises as tolerated and is tolerating medications well. His current pain rating on a "good" day is a 6 and his current pain rating on a "bad" day is a 9. Pain is alleviated with heat, rest, lying down, medications, and massage. Current medications include Opana ER 30 mg Q 12 hours, Depo-testosterone oil, ibuprofen 800 mg b.i.d. to TID, Norco 10/325 1-2 Q 4-6 hr, Wellbutrin SR 150 mg b.i.d., and gabapentin 300 mg 2 PO TID. Physical examination identifies abnormal inspection of the cervical spine, crepitation of the cervical spine throughout all range of motion, tenderness of the trapezius and supraclavicular fossa-scalene muscles, Spurling maneuver positive centrally, lumbar spine examination is abnormal, decreased lumbar lordosis, tenderness of the lumbar paraspinals, decreased pelvic rotation on forward flexion, tenderness of left-handed buttock/sciatic nerve, diminished strength of left upper extremity, right upper extremity, left lower extremity, and right lower extremity, there is deformity of the right biceps, deep tendon

reflexes in the upper and lower extremities are decreased, the patient has an antalgic gait, inspection of the right shoulder is abnormal and inspection of the left wrist is abnormal. Diagnoses include bicipital tenosynovitis, bilateral knee osteoarthritis, left pelvic region and by osteoarthritis, left ulnar nerve entrapment, electrocution, moderate major depression, umbilical hernia, derangement and anterior horn medial meniscus of the right knee, right biceps tendon rupture, left carpal tunnel syndrome, and bilateral rotator cuff tear. The treatment plan recommends continuation of Opana ER 30mg Q12 hr, Depo-testosterone oil, ibuprofen 800 mg, Norco 10/325, Wellbutrin SR 150 mg, and gabapentin 300 mg. The treatment plan also recommends continuation of home exercise core strengthening, aerobic conditioning and flexibility program. A urine drug screen performed on Decemeber 23, 2014 was consistent for hydrocodone but inconsistent for oxymorphone (Opana).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Opana ER 30mg 1q 12h 6/11/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78, 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79, 120 of 127.

Decision rationale: Regarding the request for Opana ER 30mg Q 12hr, California Pain Medical Treatment Guidelines state that Opana ER is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the Opana ER is improving the patient's function or pain (in terms of percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. A urine drug screen performed on Decemeber 23, 2014 was consistent for hydrocodone but inconsistent for oxymorphone (Opana). In the absence of such documentation, the currently requested Opana ER 30mg Q 12hr is not medically necessary.