

Case Number:	CM14-0124185		
Date Assigned:	08/08/2014	Date of Injury:	09/18/2005
Decision Date:	09/25/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/06/2014

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, 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:

According to the records made available for review, this is a 71-year-old male with a 9/18/05 date of injury. At the time (7/21/14) of request for authorization for Opana 10mg #140 and Opana ER #60, there is documentation of subjective (shoulder pain, neck pain with left upper extremity pain, and back pain with bilateral lower extremity pain left greater than right) and objective (positive cervical facet loading, left upper extremity edema, cool to touch, allodynia, and motor 4/5, tenderness to palpation cervical spine, lumbar spine, sacroiliac joint, and piriformis muscle, and myofascial spasms) findings, current diagnoses (lumbar radiculopathy, cervical radiculopathy, and complex regional pain syndrome left upper extremity), and treatment to date (medications (including ongoing treatment with Opana with good response and improved activities of daily living)). There is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, and Opana used as second line therapy for long acting opioids.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana 10mg #140: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Oxymorphone (Opana).

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies Opana as second line therapy for long acting opioids. Within the medical information available for review, there is documentation of diagnoses of lumbar radiculopathy, cervical radiculopathy, and complex regional pain syndrome left upper extremity. In addition, given documentation of ongoing treatment with Opana with improved activities of daily living, there is documentation of functional benefit and improvement as an increase in activity tolerance as a result of Opana use to date. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, there is no documentation of Opana used as second line therapy for long acting opioids. Therefore, based on guidelines and a review of the evidence, the request for Opana 10mg #140 is not medically necessary.

Opana ER #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Oxymorphone (Opana).

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies Opana as second line therapy for long acting opioids. Within the medical information available for review, there is documentation of diagnoses of lumbar radiculopathy, cervical radiculopathy, and complex regional pain syndrome left upper extremity. In addition, given documentation of ongoing treatment with Opana with improved activities of daily living, there is documentation of functional benefit and improvement as an increase in activity tolerance as a result of Opana use to date. However, there is no

documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, there is no documentation of Opana used as second line therapy for long acting opioids. Therefore, based on guidelines and a review of the evidence, the request for Opana ER #60 is not medically necessary.