

Case Number:	CM14-0127104		
Date Assigned:	09/23/2014	Date of Injury:	11/20/2006
Decision Date:	11/06/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/11/2014

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 Occupational Medicine, 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 patient is a 58 y/o male who had developed chronic lower spinal pain subsequent to an injury dated 11/20/06. The low back pain is described to have a radiculopathic component. Pain relief from medication is reported to be about 20% without objectively measured changes in function. Medications include Opana ER 40mg. # 3 per day/ Opana IR 10mg. #6 per day. Gabapentin has recently been introduced. Ritalin was previously prescribed due to sedation from the opioids.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana ER 40 MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, neuropathic pain, dosing Page(s): 82, 83, 86.

Decision rationale: MTUS Guidelines do not recommend the primary use of opioids for neuropathic pain unless other medications have been trialed and failed. It is documented that other medications for neuropathic pain are just being initiated. In addition, Guidelines do not recommend dosing of opioids beyond 120mg morphine equivalents, particularly if there are

significant side effects and the use of Ritalin for sedation would qualify as a significant side effect. The prescribed total of 540 mg. equivalents is not consistent with Guideline recommendations. There are no unusual circumstances to justify an exception to Guidelines. The Opana ER 40mg. #90 is not medically necessary.

Opana IR 10 MG #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids neuropathic pain, dosing Page(s): 82, 83, 86.

Decision rationale: MTUS Guidelines do not recommend the primary use of opioids for neuropathic pain unless other medications have been trialed and failed. It is documented that other medications for neuropathic pain are just being initiated. In addition, Guidelines do not recommend dosing of opioids beyond 120mg morphine equivalents, particularly if there are significant side effects and the use of Ritalin for sedation would qualify as a significant side effect. The prescribed total of 540 mg. equivalents is not consistent with Guideline recommendations. There are no unusual circumstances to justify an exception to Guidelines. The Opana IR 10mg. #180 is not medically necessary.