MAXIMUS Federal Services

Case Number:	CM14-0152858		
Date Assigned:	09/23/2014	Date of Injury:	05/16/2009
Decision Date:	10/29/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/18/2014

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 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:

The patient is a 40 year old male who was injured on 05/16/2009. The mechanism of injury is s/p motor vehicle accident with explosion and fire, burn 70-79% body surface. Diagnoses include chronic pain syndrome, prescription narcotic dependence, pain related insomnia/ anxiety/ depression. A progress note dated 2/6/14 noted that the patient was overtaking his medication.2/20/14 note documented that the patient is refilled Opana ER 40mg 1 po TID #45 - 2 week supply because pharmacy does not stock adequate amount and Opana IR 10mg #90.3/6/14 note stopped Opana and started MS Contin/Tylenol #4.All medications are denied by insurance and the patient is prepared to pay out of pocket. A progress note dated 4/17/14 notes a change to Opana ER 40mg #120 and Opana IR 10mg #90. MS Contin and Tylenol No. 4 were erroneously put on previous report. A progress note dated 5/12/14 states that the patient stopped MS Contin and restarted Opana ER 40mg #90. 6/2/14 note refilled Opana ER 40mg #90. On toxicology screen dated 06/02/2014, hydromorphone, Morphine, Nicotine, Oxymorphone and Cotinine were detected (no prescribed medications were listed or indicated). 6/23/14 note increased Opana ER 40mg to #120 and Opana IR 10mg #90. No new injury reported. On progress report dated 07/21/2014, the patient presented with complaints of a burning sensation over his arms and other parts of his body. He reported his pain as a 10/10 and stated without his medications, his pain is 10/10 and with his medications, it drops to 5/10. There were no significant findings documented on exam. Plan: Opana ER 40mg #90 and Opana IR 10mg #90. A progress not dated 8/12/14 references that the patient feels like "I am going to have a heart attack" until he takes medications. He is not a surgical candidate. Request for [redacted] program for narcotic detoxification.Opana IR 10mg #90 and Opana ER 40mg #120 requested. Toxicology report dated 09/04/2014 detected hydrocodone and hydromorphone which are indicative of taking the medication hydrocodone. There were no indications (prescribed

medications listed). Progress report dated 09/4/2014 documented the patient to have complaints of pain on the entire left side of his body and headaches. He noted his pain without medications is a 10/10 and pain with medications is 4/10. There were no significant objective findings on this note as well. The patient was diagnosed with chronic pain syndrome. [redacted] program for narcotic detoxification was authorized. Opana IR 10mg #90 and Opana ER 40mg #120 were requested. Prior utilization review dated 08/21/2014 by [redacted] states the request for Opana IR 10mg #90 is certified because the patient is opioid dependent and prior wean attempt resulted in crisis. Opana ER 40mg #90 is modified to certify Opana ER 40 mg #45 between 07/21/2014 and 10/18/2014 because the previously authorized amount for Opana ER 40mg was #45. "Due to the opioid dependence it is not reasonable or safe to increase the patient's quantity of medication because of the high probability that an increase in dosage may increase the dependency."

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana ER 40mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxymorphone (Opana).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-97.

Decision rationale: UR stated that prior authorized amount was #45 because of the following rationale: "Due to the opioid dependence it is not reasonable or safe to increase the patient's quantity of medication because of the high probability that an increase in dosage may increase the dependency." However, upon reviewing medical records, the dosage was not increased from #45 per month to #90 per month. 2/20/14 note documented that the patient is refilled Opana ER 40mg 1 po TID #45 - 2 week supply because pharmacy does not stock adequate amount and Opana IR 10mg #90. No other medical records indicated that the patient was on Opana ER 40mg #45 per month. Thus the UR rationale is incorrect. In addition, California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines 2009, page 95, Opioids, dealing with misuse & addiction, states that in situations where there is dual diagnosis of opioid dependence and intractable pain, both of which are being treated with controlled substances, protections apply to California physicians and surgeons who prescribe controlled substances for intractable pain provided the physician complies with the requirement of the general standard of care. The patient had severe burn injury that causes intractable pain and opioid dependence. The treating physician ordered regular urine drug screen and plans to send patient to detox program. Both UR and medical records state that prior wean attempt resulted in crisis. Since the patient does have intractable pain, opioid dependence, past crisis with weaning, adequate monitoring and detox referral that is according to the general standard of care, the medical necessity is established.