

Case Number:	CM14-0153759		
Date Assigned:	09/23/2014	Date of Injury:	02/01/2005
Decision Date:	10/24/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/19/2014

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 & 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 injured worker is a 49-year-old male who sustained an injury on 2/1/05. On 9/05/14 he presented with complaints of constant pain in the right ankle. He could not put any weight on this foot because it was quite painful as he underwent a right subtalar fusion surgery on 8/20/14 and his right foot was in a cast and he was using crutches. Recent CT scan from 6/4/14 revealed severe traumatically induced degenerative arthritis of the right ankle joint and right subtalar joint, extensive cartilage loss and osteophytic spurring of both joints, slight asymmetric narrowing of the joint space and a very large cyst formation within the talus, the talar head and neck. Current medications include Oxycontin, Opana IR 10 mg SIG 1 every 8 hours as needed for breakthrough pain, Viagra, Fortesta, Nambumetone, Venlafaxine, Opana 10 mg 1 tab q 4 hours for post op pain and baby aspirin. Past treatment has included medications, physical therapy, use of cane, new shoes, a right ankle brace/orthotic device. Apart from regular Opana use now he has been using the Opana IR 6 times per day which does help with the postop pain; it brings his pain down from 7-8/10 down to 2-3/10. The provider plans to return the Opana IR to 3 tablets per day in one month and until then wanted him to continue on the current post op dose. He was noted to have opioid-induced hypogonadism requiring additional medication. His diagnoses include pain in the ankle joint; infection (not elsewhere specified) of bone, ankle and feet; hypertension; impotence of organic origin; psychogenic pain; congenital anomaly of the lower limb and chronic pain. The request for Opana 10mg #48 was modified to Opana 10mg #25 on 08/26/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana 10mg #48: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Oxymorphone

Decision rationale: CA MTUS does not address the issue. Per ODG, Oxymorphone (Opana) is not recommended as first line therapy. Due to issues of abuse and Black Box FDA warnings, Oxymorphone is recommended as second line therapy for long acting opioids. Oxymorphone products do not appear to have any clear benefit over other agents. Guidelines indicate "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. In this case, there is no documentation of failure of first line therapy. The records indicate that the injured worker is taking Oxycontin and also Opana IR 6 times a day. Conversion to long-acting opioids should be considered when continuous around the clock pain relief is desired. Moreover, there is no evidence of urine drug test in order to monitor compliance. Therefore the request for Opana 10mg # 48 is not medically necessary.