

Case Number:	CM14-0158016		
Date Assigned:	10/01/2014	Date of Injury:	01/28/1999
Decision Date:	10/28/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	09/26/2014

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:

According to the records made available for review, this is a 53-year-old male with a 1/28/99 date of injury. At the time (9/4/14) of request for authorization for 1 prescription of Opana 10mg #120, there is documentation of subjective (radiating back pain) and objective (extremity weakness, gait disturbance and numbness in extremity) findings, current diagnoses (low back pain, thoracic radiculitis, degeneration of lumbar intervertebral disc, compression fracture of thoracic vertebra, and lumbar radiculopathy), and treatment to date (medications (including ongoing treatment with Tramadol and Opana)). Medical reports identify the patient demonstrating a meaningful improvement in pain interference and/or function using validated instruments as well as quality of life; and documentation of ongoing review of pain relief, functional status, and appropriate medications use and side effects. There is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed, and Opana used as a 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:

1 prescription of Opana 10mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 71-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Oxymorphone (Opana) Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

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 documentation of Oxymorphone used as a second line therapy for long acting opioids, as criteria necessary to support the medical necessity of Oxymorphone (Opana). Within the medical information available for review, there is documentation of diagnoses of low back pain, thoracic radiculitis, degeneration of lumbar intervertebral disc, compression fracture of thoracic vertebra, and lumbar radiculopathy. In addition, there is documentation of ongoing treatment with Opana and review of pain relief, functional status, appropriate medications use and side effects. Furthermore, given documentation of meaningful improvement in pain interference and/or function using validated instruments as well as quality of life, 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; and the lowest possible dose is being prescribed. In addition, despite documentation of ongoing treatment with Tramadol, there is no (clear) documentation that Opana used as a second line therapy for long acting opioids. Therefore, based on guidelines and a review of the evidence, the request 1 prescription of Opana 10mg #120 is not medically necessary.