

Case Number:	CM14-0162993		
Date Assigned:	10/16/2014	Date of Injury:	11/28/2012
Decision Date:	11/18/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	10/03/2014

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 Family 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 injured worker's date of injury is 11/28/2012. This patient receives treatment for chronic low back pain with radiation to the legs. The patient received 2-3 ESIs with temporary relief. A lumbar MRI on 01/07/2013 showed L3-S1 disc protrusion. On exam there is tenderness to palpation in the lower back muscles, SLR is positive, and the neurologic exam is otherwise normal. Medications include Tizanidine and Norco prn (as needed) Q4-6 hours.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana ER 20mg (Oxymorphone HCl) tab (unknown quantity): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, Oxymorphone (Opana) and Opioids for chronic pain Page(s): 93, 80-.

Decision rationale: This patient has chronic low back pain. Opioids can be beneficial for short-term pain relief of low back pain exacerbations, but the guidelines recommend they be used for short-term relief only. Studies fail to show that long-term opioid use leads to good pain control and an improvement of function. In addition, Opana is not intended for prn use. The documentation by the treating physician is recommending this medication be used 1-2 daily and

no monthly quantity is stated. Therefore, the request for Opana ER 20mg (Oxymorphone HCl) tabs (unknown quantity) is not medically necessary and appropriate.