

Case Number:	CM14-0165371		
Date Assigned:	10/10/2014	Date of Injury:	09/04/2000
Decision Date:	11/12/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/07/2014

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 injured worker is a 55-year-old female who sustained an injury on 9/4/00. As per 5/7/14, she presented with lumbar pain. No physical exam was performed on this visit. Current medications include Gabapril, Zanaflex, Provigil, Kadian and Opana. As per the utilization review letter dated 1/13/14, she has been taking Opana since at least April of 2013. Her functional status is that she has difficulty with anything other than Activities of Daily Living (ADL)'s due to pain. Review of CURES did not reveal concerning behavior or alternate prescribers. Utilization review letter also indicated that she has received conservative treatment that had included rest, physical therapy, aqua therapy, medications, spinal cord stimulator which had been removed, group psychotherapy, and individual psychotherapy. She remained symptomatic of low back pain and has had permanent placement of a spinal cord stimulator on 12/10/04 after a successful trial. She also has had ESI without benefit. Diagnoses include chronic pain syndrome, displacement disc site unspecified w/o myelopathy, degenerative lumbar/lumbosacral intervertebral disc, other unspecified disorders of back, pain in thoracic spine, lumbago, thoracic/lumbosacral neuritis/radiculitis unspecified, and disorders of coccyx. The request for Opana 10mg tablets QTY 120 was modified to Opana 10mg tablets QTY 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana 10mg tablets QTY:120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 91-93.

Decision rationale: Oxymorphone (Opana) is a schedule II controlled substance, available in immediate and extended release preparations, that is not recommended as first line therapy. Due to issues of abuse and Black Box FDA warnings, Oxymorphone is recommended as second line therapy. Oxymorphone products do not appear to have any clear benefit over other agents. Regarding opioids, 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 little to no documentation of any significant improvement in pain level (i.e. VAS) or function with prior use to demonstrate the efficacy of this medication. There is no evidence of urine drug test in order to monitor compliance. Long-acting opioids should be considered when continuous around the clock pain management is desired. Therefore, the medical necessity for Oxymorphone has not been established according to guidelines and based on documentation. The request is not medically necessary and appropriate.