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| Case Number: | CM14-0170549 | | |
| Date Assigned: | 11/13/2014 | Date of Injury: | 01/28/1999 |
| Decision Date: | 12/19/2014 | UR Denial Date: | 10/09/2014 |
| Priority: | Standard | Application Received: | 10/15/2014 |

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, has a subspecialty in Pain Medicine, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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:

Date has a history of a work injury occurring on 01/28/99 when, while working as an agricultural surveyor and driving an ATV, he landed abruptly and injured his low back. Treatments included IDET in January 2002 with sub optimal outcome. Treatments requested have included trigger point injections and facet blocks. He continues to be managed with medications. He was seen on 03/30/12. He was having pain throughout his back rated at 9/10. Pain with radiating into the lower extremities. Sprix, OxyContin 40 mg #180, Naprosyn 500 mg #90, and Gabatril were prescribed. He was continued at temporary total disability. An x-ray of the lumbar spine on 08/11/12 showed findings of multiple compression fractures and degenerative changes. He was seen by the requesting provider on 09/23/14. The note references having had the best response when taking Opana. He was having ongoing back pain rated at 8/10. Pain was radiating into the right lower extremity. The claimant is reported as able to get dressed when taking medications and as in bed without. Physical examination findings included tenderness over the right sacroiliac joint and posterior superior iliac spine. There was decreased and painful lumbar spine range of motion with decreased right lower extremity sensation and reflexes. Urine drug screening test results were reviewed. Medications included Opana ER 40 mg #90 and Opana 10 mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana 10mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Opioids, dosing Page(s): 76-80,86.

Decision rationale: The claimant is more than 15 years status post work-related injury and continues to be treated for chronic radiating low back pain. Medications include Opana at a total MED (morphine equivalent dose) of 480 mg/day. Guidelines recommend against opioid dosing in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is 4 times that recommended. Although the claimant has chronic pain and the use of opioid medication may be appropriate, there are no unique features of this case that would support dosing at this level. Therefore the requested medication is not considered medically necessary.