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| Case Number: | CM14-0170732 | | |
| Date Assigned: | 10/23/2014 | Date of Injury: | 08/24/2009 |
| Decision Date: | 11/21/2014 | UR Denial Date: | 10/10/2014 |
| 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 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 64-year-old male with an 8/24/09 date of injury. At the time (10/2/14) of request for authorization for Opana ER 20 MG #90, there is documentation of subjective (chronic pain) and objective (decreased right shoulder range of motion, tenderness to palpation over the left knee, and positive bilateral facet loading test) findings, current diagnoses (shoulder joint pain, lower leg pain, lumbago, lumbar degenerative disc disease, and lumbar facet arthropathy), and treatment to date (ongoing therapy with Opana with decreased pain levels and increased ability to perform activities of daily living). 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 there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; and Opana used as 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:

Opana ER 20 MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Oxymorphone (Opana)

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 Opana as second line therapy for long acting opioids. Within the medical information available for review, there is documentation of diagnoses of shoulder joint pain, lower leg pain, lumbago, lumbar degenerative disc disease, and lumbar facet arthropathy. In addition, given documentation of ongoing therapy with Opana with decreased pain levels and increased ability to perform activities of daily living, there is documentation of functional benefit or 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; 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. In addition, there is no documentation of Opana used as second line therapy for long acting opioids. Therefore, based on guidelines and a review of the evidence, the request for 1 prescription of Opana ER 20 mg #90 is not medically necessary.