

Case Number:	CM14-0176012		
Date Assigned:	10/29/2014	Date of Injury:	01/03/1998
Decision Date:	12/05/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/23/2014

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:

Patient is a 47-year-old male who has submitted a claim for lumbosacral herniated nucleus pulposus and knee osteoarthritis associated with an industrial injury date of 1/3/1998. Medical records from the 2012 to 2014 were reviewed. The patient complained of low back pain radiating to bilateral lower extremities. He complained of persistent right knee pain. No medication side effect was reported. Physical examination of the lumbar spine showed spasm and limited motion. Straight leg raise test was positive bilaterally. Crepitus and effusion were noted at the right knee. McMurray's test at the right was positive. Gait was antalgic. Urine drug screen from 7/31/2014 was consistent with prescribed medications. Treatment to date has included lumbar spine laminectomy, lumbar fusion, physical therapy and medications such as Opana ER (since March 2014), Vicodin, Lyrica, Soma, and Valium. Utilization review from 10/8/2014 denied the request for Opana ER 30mg (Oxymorphone HCl), #60, 1 tablet every 12 hours because there was no evidence that patient had failed first-line opioid therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana ER 30mg (Oxymorphone HCl), #60, 1 tablet every 12 hours: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxymorphone (Opana).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.26 Opioids Page(s): 78.

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been on Opana since March 2014. No medication side effect is reported. Urine drug screen from 7/31/2014 is consistent with prescribed medications. However, the medical records do not clearly reflect continued analgesia or continued functional benefit from medication use. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Opana ER 30mg (Oxymorphone HCl), #60, 1 tablet every 12 hours is not medically necessary.