

Case Number:	CM14-0177526		
Date Assigned:	10/31/2014	Date of Injury:	03/10/2011
Decision Date:	12/31/2014	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	10/27/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in New Jersey. 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 59 year old male who was injured 3/10/11. The mechanism of injury is not available; however, Utilization Review references a fall from a ladder. The injured worker reports ongoing pain to left shoulder, left rib cage area with episodes of shortness of breath. Has difficulty with gripping or grasping with his left upper extremity. He also complains of a constant occipital headache that radiates to his left eye. Of note, on 4/1/14 the injured worker was seen by an eye doctor who will follow in six months. He does have visual loss of the right eye due to an injury, detached retina and cataract surgery. His current diagnoses include history of multiple rib fractures, left thorax with intercostals neuralgia and costochondritis; cervical sprain/ strain; history of left shoulder sprain/ strain with rotator cuff tear; cubital release left elbow with ongoing neuropathy; triggering of 3rd digit, long finger right hand; lumbosacral sprain/ strain; headache; visual loss and hypertension. Currently the injured worker is on two narcotics, an anti-depressant, anti-convulsant for headache, anti-inflammatory, a sleep aid, anti-hypertensive and medication for constipation. He reports 50% with pain relief and 50% functional improvement with activities of daily living. On 6/26/14 documentation indicates re-injury with worsening pain to left shoulder and rib cage after falling down 5 to 6 flights of stairs sustaining a fracture to his left rib and a collapsed left lung. The physical exam (9/30/14) reveals limited range of motion to left shoulder. He can laterally abduct 60 degrees, full forward flex 140 degrees, extend 30 degrees, internally and externally rotate 30 degrees with positive impingement sign. There is crepitus on circumduction of the shoulder joint. He has altered sensory loss to light touch and pinprick along the 4th and 5th digits of the left hand. The lower back reveals limited range of motion. He can flex 30 degrees, extend 10 degrees. He ambulates with a slight limp with the left lower extremity. Deep tendon reflexes are +1 at the knees and ankles. Toes are downgoing to plantar reflex bilaterally. A muscle relaxant was added to his

current medication regime. As of 9/30/14 injured worker reveals pain 8 out of possible 10. He has pain rated 10 out of 10 without medication use. He is not working and applying for Social Security disability. Over the past 6 months five requests for authorization for Opana ER have been submitted. On 10/20/14 Utilization review non-certified Opana ER 10 mg tab #60 and modified to approve Opana ER tab 10 mg # 60 for the purpose of a trial to taper to a lower dose based on no ongoing review and documentation of pain relief or functional status. Pain assessment does not include current pain; the last reported pain over the period of time since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief and how long the relief lasts. Satisfactory response to treatment is not documented by the injured workers decreased pain, increased level of function or improved quality of life. The injured worker has been on Opana ER for more than 90 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana ER 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, Opana is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: <(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Appropriate follow up to evaluate the efficacy of prescribed medications. ` 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. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework>. There is no clear justification to continue to use Opana by 10 mg. The patient has been on Opana for more than 90 days without clear documentation of significant pain and functional improvement. There is no clear documentation of the efficacy/safety of previous use of Opioid. There is no documentation of functional improvement and change in the quality of life of patient with opioid use. Therefore, the prescription of Opana ER 10mg #60 is not medically necessary.