

Case Number:	CM14-0183874		
Date Assigned:	11/10/2014	Date of Injury:	06/10/2002
Decision Date:	12/18/2014	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/04/2014

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 Internal Medicine, has a subspecialty in Nephrology 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:

This is a 47-year-old male with a 6/10/02 date of injury. According to a progress report dated 10/17/14, the patient stated no significant benefit with use of his Percocet for his chronic pain. He has had significant pain relief with Opana previously. He has previously failed ibuprofen, APAP, Flector patches, Norco, Lidoderm patches, and MSER. He rated his pain level as an 8/10. The provider has ordered a trial with Opana 10 mg, 1 tablet TID, and Oxycodone 15 mg, 1-2 tablets TID. Objective findings: better range of motion of lumbar spine, tenderness over thoracic paraspinal muscles with radiation to right, antalgic gait. Diagnostic impression: lower leg pain, lumbago, lumbar degenerative disc disease, lumbar facet arthropathy. Treatment to date: medication management, activity modification. A UR decision dated 10/28/14 denied the request for Opana and modified the request for oxycodone from 90 tablets to 45 tablets. The patient had been fully weaned from opioid medications and was not taking any in July or August of 2014. It appears he had a flare-up in his pain with many visits to the emergency room where he was given opioids for pain relief. While a trial on opioid medications may be appropriate, the documentation provided does not include mention of goal setting by the patient or baseline pain and functional assessments. Regarding Oxycodone, the patient had been sporadically using Percocet and Norco after visits to the emergency room. Since the patient had been taking Oxycodone in Percocet, a prescription to prevent withdrawal would be appropriate.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana 10 mg #90: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - Opioids, Criteria For Use

Decision rationale: CA MTUS does not specifically address the issue of initiating treatment with opioids. According to ODG, criteria prior to the use of opioids include: failure of a trial of non-opioid analgesics; baseline pain and functional assessments should be made; one physical and psychosocial assessment by the treating doctor to assess whether a trial of opioids should occur; a pain-related assessment including history of pain treatment and effect on pain and function. However, in the present case, the provider has prescribed Opana and oxycodone for this patient. According to the patient's opioid medication regimen, the patient's daily MED is calculated to be 225. Guidelines do not support daily MED above 120 due to the risk of adverse effects, such as sedation. In addition, there is no documentation of functional improvement or significant pain reduction from the patient's previous opioid use. Therefore, the request for Opana 10 mg #90 was not medically necessary.

Oxycodone HCL 15 mg #90: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - Opioids, Criteria For Use

Decision rationale: CA MTUS does not specifically address the issue of initiating treatment with opioids. According to ODG, criteria prior to the use of opioids include: failure of a trial of non-opioid analgesics; baseline pain and functional assessments should be made; one physical and psychosocial assessment by the treating doctor to assess whether a trial of opioids should occur; a pain-related assessment including history of pain treatment and effect on pain and function. However, in the present case, the provider has prescribed Opana and Oxycodone for this patient. According to the patient's opioid medication regimen, the patient's daily MED is calculated to be 225. Guidelines do not support daily MED above 120 due to the risk of adverse effects, such as sedation. In addition, the patient stated no significant benefit with the use of Percocet for his chronic pain. Oxycodone is the opioid component of Percocet. It is unclear how Oxycodone would be of benefit to this patient, when there was no functional improvement from Percocet use. Therefore, the request for Oxycodone HCL 15 mg #90 was not medically necessary.