

Case Number:	CM14-0184117		
Date Assigned:	11/10/2014	Date of Injury:	03/25/2008
Decision Date:	12/18/2014	UR Denial Date:	10/06/2014
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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 49 year old with an injury date on 8/25/08. Patient complains of continuing right hip pain, right leg pain, left knee pain, outer left foot, and neck pain, overall pain rated 7/10 per 9/24/14 report. Based on the 9/24/14 progress report provided by the treating physician, the diagnoses are: 1.Chronic right hip pain,2. s/p arthroscopic surgery for labral tears 3.Depression and anxiety related to chronic pain4.Right lateral femoral cutaneous neuropathy5.Possible underlying lumbar radiculopathy6.Right knee pain s/p fall7.Cervical strain s/p fallExam on 9/24/14 showed "right hip range of motion limited. Left knee range of motion limited at ends of range." Patient's treatment history includes medications (currently Opana, Norco, Seroquel, Xanax, Pristiz, Wellbutrin, and Lunesta/Silenor), psychiatric treatment, Toradol injection, single point cane. The treating physician is requesting Opana ER 10mg #90. The utilization review determination being challenged is dated 10/6/14. The requesting physician provided treatment reports from 7/17/13to 11/6/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana ER 10mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 76-78, 88-89.

Decision rationale: This patient presents with right hip pain, right leg pain, left knee pain, outer left foot pain, and neck pain. The provider has asked for Opana ER 10mg #90 on 9/24/14. Patient has been taking Opana since she switched from Morphine on 4/4/13. For chronic opioids use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, activities of daily living (ADLs), adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the provider indicates a decrease in pain with current medications which include Opana, stating "Opana has also improved her pain control without affecting her energy" per 4/4/13 report. But there is no discussion of this medication's efficacy in terms of functional improvement using numerical scale or validated instrument. Quality of life change, or increase in specific activities of daily living is not discussed. There is no discussion of return to work or change in work status attributed to the use of opiate. Urine toxicology has been asked for but no other aberrant behavior monitoring is provided such as CURES report. Given the lack of sufficient documentation regarding chronic opiates management as required by MTUS, a slow taper off the medication is recommended at this time. The request is not medically necessary and appropriate.