

Case Number:	CM14-0022040		
Date Assigned:	05/09/2014	Date of Injury:	07/14/2000
Decision Date:	07/10/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/21/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 67-year-old female who reported an injury on 07/14/2000 and the mechanism of injury was not provided in the medical records. The clinical note dated 11/05/2014 reported the injured worker was still having symptomatic low back and leg pain. The injured worker reported increased pain and spasms. The injured worker reported drowsiness after taking the Lyrcia and the physician reported for the injured worker to stop Lyrica. The medication was supposed to help her nerve pain but unfortunately she had side effects of drowsiness. On physical exam, the physician reported there was decreased lumbosacral range of motion and the motor strength was 5/5 in the lower extremities. The injured worker's current diagnoses include lumbosacral disc injury, lumbosacral spondylosis, lumbosacral radiculopathy, failed lumbosacral fusion, failed back syndrome, and myofascial pain syndrome. The physician reported in his treatment plan the injured worker was able to cut down her medication use as well, Norco 4 to 5 tablets a day down to 1 or 2 tablets a day. The injured worker was using Opana 2 tablets a day at this time. The treatment plan was for the injured worker was to continue attending the FRP, to help with tapering down her medication Opana and Norco. The physician provide the injured worker's with prescription for Opana ER to use 2 tablets a day and Norco 2 tablets a day for pain control. The injured worker was instructed to continue using the Lidoderm patch and to use Flexeril for spasms up to 2 tablets a day. The current request is for Opana ER 20 mg #30 and the prescription was supplied to the injured worker on 11/05/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

OPANA ER 20 MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain, Opioids Page(s): 75, 78, 93.

Decision rationale: The California MTUS Guidelines indicate that Oxymorphone is treatment for severe pain and there should be documentation of the "4 A's" for ongoing monitoring including analgesia, activities of daily living, adverse side effects, and aberrant drug behavior. The guidelines further recommend that dosing of opioids not to exceed 120 mg of oral morphine equivalent per day, and for patients taking more than 1 opioid, the morphine equivalent dosage of the different opioids must be added together to determine the cumulative dose. The guidelines also state that a pain assessment should include current pain, the least reported pain over the period since last assessment, average pain after taking opioids, how long it takes for pain relief, and how long the pain relief lasts. The clinical information provided failed to adequately address the "4 A's" to include any side effects of aberrant behavior or when the injured worker's last urine drug screen was to verify compliance. Also, the frequency of the medication was not provided in the request as submitted. Therefore, the request for Opana ER 20 mg #30 is not medically necessary.