

Case Number:	CM14-0023170		
Date Assigned:	05/12/2014	Date of Injury:	02/19/2007
Decision Date:	07/10/2014	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	02/24/2014

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 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 injured worker is a 62-year-old male who reported an injury on 02/19/2007. The mechanism of injury was not included within the medical records. His diagnoses were noted to include lumbar back pain and pathological fracture of the vertebrae. His previous treatments included pain medications. The progress note dated 05/02/2014 reported the injured worker's pain level as 8/10 due to the long drive to the provider's office. The provider reported that depending on his level of activity, the pain medications reduced his pain by 50%. The injured worker reported he increased his walking for exercise with pacing and he was walking half a mile or as much as he could 4 times a week. The injured worker reported he was able to complete activities of daily living with some breaks between. The provider reported no new side effects of the medications and no symptoms of abusive behaviors were present. The request for authorization form was dated 05/02/2014 for Opana 20 mg 1 by mouth every 12 hours #60 for lumbar back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

OPANA ER 20MG #60 WITH 3 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, on-going management Page(s): 78.

Decision rationale: The injured worker has been taking this medication since at least 08/2013. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The Guidelines also state that the 4 A's for ongoing monitoring, include analgesia, activities of daily living, adverse side effects, and aberrant drug taking behavior should be addressed. There is a lack of evidence regarding decreased pain on the numerical scale with the use of medications. The documentation provided reports the injured worker is able to complete activities of daily living with the use of medications and breaks between activities. Although the documentation provided shows improved functional status and no adverse effects were noted with the use of medications, there was a lack of medical evidence of decreased pain on a numerical scale, and it is unclear as to whether the patient has had consistent urine drug screens and when the last test was performed. The request for 3 refills would not be indicated as efficacy of the medication would need to be demonstrated prior to providing each new prescription. Additionally, the request failed to provide the frequency at which the medication is to be utilized. Therefore, the request for is not medically necessary.