

Case Number:	CM14-0026885		
Date Assigned:	06/13/2014	Date of Injury:	07/23/2007
Decision Date:	07/23/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/03/2014

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, Pain Medicine, and is licensed to practice in Texas. 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 47-year-old male who reported an injury to the low back and right leg from an injury dated 07/23/07. No information was submitted regarding the injured worker's description of an initial injury. The agreed medical examination dated 06/16/14 indicates the injured worker complaining of low back and left lower extremity pain. An MRI (magnetic resonance imaging) from October of 2010 revealed a left dorsal disc extrusion resulting in left lateral recess stenosis at L4-5. There is an indication the injured worker has undergone 2 previous operative procedures resulting in no long term benefit. The note indicates the injured worker utilizing Opana at 10mg twice daily in 2010. The note indicates the injured worker having undergone a third low back surgery. The injured worker was continuing with the use of Opana twice daily. The injured worker continued with low back pain with radiating pain to the right lower extremity. The injured worker rated his low back pain as moderate to severe. Upon exam, sensory deficits were identified in the mid-calf of the right lower extremity and at the mid-thigh on the left lower extremity. There is an indication the injured worker is continuing with the use of Opana at 20mg twice daily which is the equivalent of 120mg of Morphine per day. The clinical note dated 05/21/14 indicates the injured worker continuing with low back pain with radiation of pain into the right lower extremity. Weakness was also identified in the right lower extremity. The injured worker rated the pain as 5-10/10. The note indicates the injured worker utilizing Skelaxin, Naprosyn, and Opana. The clinical note dated 04/10/14 indicates that the use of Opana was changed to Norco. The injured worker rated the ongoing pain as 8-9/10 in the low back. The clinical note dated 03/26/14 indicates the injured worker stated the pain level is at 7/10 without medications on board. The injured worker reported a decrease in pain to 4-5/10 while utilizing medications to include Naproxen, Skelaxin, and Opana. The utilization review dated 02/25/14 resulted in a denial for the use of Oxymorphone as no information regarding the

injured worker's alternative therapies having been attempted. Additionally, no information was submitted regarding the injured worker's objective functional improvement with the use of this medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYMORPHONE 20MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxymorphone (Opana) Page(s): 92-93.

Decision rationale: As noted in the CA Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. In this case, there is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. There are no documented visual analog scale pain scores for this patient with or without medications. In addition, no recent opioid risk assessments regarding possible dependence or diversion were available for review. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of this medication cannot be established at this time.