MAXIMUS Federal Services

Case Number:	CM14-0029563		
Date Assigned:	06/16/2014	Date of Injury:	12/29/2006
Decision Date:	11/13/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/07/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 52 year old female who was injured on 12/29/2006 after a blood pressure monitor fell onto her back. She was diagnosed with lumbar radiculitis, lumbar disc and cervical disc degeneration, carpal tunnel syndrome, neuralgia/neuritis, and venous stasis of the lower extremities. She was treated with multiple medications including long and short-acting opioids, NSAIDs, antidepressants, and others. She was also treated with bracing, injections, SCS, and surgery (low back). On 2/12/14, the worker was seen by her primary treating physician (pain specialist) for a follow-up reporting that with her medications (Opana ER, Opana, Cymbalta, Prevacid), she is able to walk and go to the grocery store as well as do light cleaning, but without medications, she is unable to do these tasks. Weaning down on the opioid medications dosing was attempted, but pain and decreased function resulted. She reported her pain level being around 7-10/10 on the pain scale and included low back pain, tailbone pain, and bilateral leg pain and numbness. She also reported intermittent headaches and right wrist pain. She reported doing stretches. She was then recommended to continue her medications as previously prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxymorphone (Opana ER) 30mg oral TB 12 60 tablets: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxymorphone Extended Release (Opana ER), No Available Generic.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. Also, the MTUS Chronic Pain Guidelines recommend that dosing of opioids not exceed 120 mg of oral Morphine equivalents per day, and only with a pain specialist would exceeding this amount be considered. Continuation of opioids may be recommended when the patient has returned to work and/or if the patient has improved function and pain. In the case of this worker, she was using as much as 300 mg Morphine equivalents per day, which is far beyond levels generally recommended and may carry with them more side effect risk, which is why both strengths of her Opana had been previously denied. In the office visit just prior to the request, the provider documented that she had some functional benefits from her Opana use as well as modest pain-reduction. She had failed other treatment options. However, limited evidence from the notes available for review suggested that the worker was actively working on physical therapy (besides stretching) or losing weight via dietary methods. There also was not a complete documented review of the worker's report on side effects of the medications used routinely. Therefore, due to these reasons, the Opana ER and Opana both are not medically necessary to continue.

Oxymorphone (Opana) 10mg oral tab 120 tablets: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxymorphone Extended Release (Opana ER), No Available Generic.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. Also, the MTUS Chronic Pain Guidelines recommend that dosing of opioids not exceed 120 mg of oral Morphine equivalents per day, and only with a pain

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