

Case Number:	CM14-0035507		
Date Assigned:	06/23/2014	Date of Injury:	10/19/2009
Decision Date:	10/08/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	03/22/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 34 year old female who reported an injury on 10/19/2009; the mechanism of injury was not provided. Diagnoses included degeneration of cervical intervertebral disc, and cervical post-laminectomy syndrome. Past treatment included physical therapy and medication. Pertinent diagnostics were not included. Surgical history included a fusion at C5-C6, and an ORIF of the left radius/ulna. The clinical note dated 02/25/2014 indicated the injured worker complained of left sided neck pain, rated 7/10. The injured worker reported swelling, weakness, numbness and tingling in the left upper extremity, as well as stiffness and spasms of the neck, and loss of motor control in the upper extremities. The injured worker stated that the current medications decreased her pain by about 50% and allowed her to complete her activities of daily living. The most recent physical exam, dated 01/28/2014, indicated the injured worker displayed pain behaviors. Medications included Ambien CR 12.5 mg, Opana 10 mg, and Opana ER 40 mg. The treatment plan included Opana 10 mg 1 q 6 hrs po prn x30 days #120, and Opana 40 mg ER 1 tab TID #90; the rationale for treatment was not provided. The request for authorization form was completed on 03/22/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana 10mg 1 Q 6 hrs po prn - 30 days #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-97.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 74, 78, 86-87.

Decision rationale: The California MTUS Guidelines state that criteria for the ongoing management of opioid use include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines state that the pain assessment should include current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and long pain relief lasts. Documentation should also include side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The guidelines also recommend that opioid dosing not exceed 120 mg oral morphine equivalents per day. The injured worker complained of left sided neck pain, rated 7/10. The injured worker reported swelling, weakness, numbness and tingling in the left upper extremity, as well as stiffness and spasms of the neck, and loss of motor control in the upper extremities. The injured worker stated that the current medications decreased her pain by about 50% and allowed her to complete her activities of daily living. The injured worker had been taking the requested medication since at least 12/03/2013. The injured worker's morphine equivalent dosage was 480 mg per day. There is a lack of clinical documentation to indicate the need for a morphine equivalent dose beyond the guideline recommendations of 120 mg per day. Additionally, there is a lack documentation indicating an assessment for any indicators of potentially aberrant drug-related behaviors was performed through the use of urine drug screens. As such, the request for Opana 10 mg 1 q 6 hrs po prn - 30 days #120 is not medically necessary.

Opana 40mg ER 1 tab TID #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-97.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Page(s): 74, 78, 86-87.

Decision rationale: The California MTUS Guidelines state that criteria for the ongoing management of opioid use include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines state that the pain assessment should include current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and long pain relief lasts. Documentation should also include side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The guidelines also recommend that opioid dosing not exceed 120 mg oral morphine equivalents per day. The injured worker complained of left sided neck pain, rated 7/10. The injured worker reported swelling, weakness, numbness and tingling in the left upper extremity, as well as stiffness and spasms of the neck, and loss of motor control in the upper extremities. The injured worker stated that the current medications decreased her pain by about 50% and allowed her to complete her activities of daily living. The injured worker had been taking the requested medication since at least 12/03/2013. The injured worker's morphine equivalent

dosage was 480 mg per day. There is a lack of clinical documentation to indicate the need for a morphine equivalent dose beyond the guideline recommendations of 120 mg per day. Additionally, there is a lack documentation indicating an assessment for any indicators of potentially aberrant drug-related behaviors was performed through the use of urine drug screens. As such, the request for Opana 40 mg ER 1 tab TID #90 is not medically necessary.