

Case Number:	CM14-0035881		
Date Assigned:	06/23/2014	Date of Injury:	06/20/2006
Decision Date:	08/11/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/24/2014

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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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:

This is a 43-year-old male who sustained a work related injury on 6/20/2006 as a result of motor vehicle accident (MVA) that lead to neck, lower back and left shoulder pain. The patient suffered a second, non-industrial MVA on September 9, 2009 which re-exacerbated his previous sites of injury. The patient has continually experienced neck, low back and shoulder pain. He underwent a L5-S1 anterior inter-body discectomy and fusion, posterior bilateral decompression L5 and S1 nerve roots and posterolateral fusion / posterior pedicle screw / rod fixation on July 15, 2008; this lead to an approximate 55% improvement in his lower back pain. On September 15, 2008, he underwent a second arthroscopic surgery to the left shoulder in which an 'acromioplasty' was performed that improved his left shoulder pain by 70%. However, his shoulder pain continued to persist and he underwent a revision on May 29, 2012 because of an extensive superior, anterior and posterior labral tear and open tenodesis of the long head of the biceps tendon. Following his surgical interventions, the patient continues to complain of neck, lower back (with associated numbness in bilateral thighs) and left shoulder pain. He has received injections to both his occipital nerves with 'basically no improvement whatsoever of his occipital headaches'. The patient's pain is reported as 9/10 on the 1 to 10 scale. Physical examination identifies decreased cervical, left shoulder and lumbar range of motion, but a negative Spurling maneuver with tenderness noted along the paravertebral musculature in both the cervical and lumbar regions and the glenohumeral joint. Imaging studies identify surgical fusion of C5-7 with small amount of spurring from end plates of the same level on the left resulting in mild left-sided neural foraminal narrowing. There is a slight anterior subluxation of C7 in relation to T1. In the lumbar region is a congenital L2-3 fusion, a L1-2 2mm disc bulge posteriorly, a L4-5 posterior subluxation of L4 upon L5, L5-S1 fusion, Grade 1 spondylolisthesis and pedicle screws at this level appeared to be in good position. An electromyography (EMG)

study dated 08/09/13 identifies evidence of bilateral L5-S1 radiculopathies. On the most recent PR-2 dated Feb 12, 2014, the patient reported an increase in his pain, poor sleep, and activity level decreased. In addition, is documented 'He admits to trying a friend's pain med Oxymorphone and found it helpful'. In dispute is a decision for 1 prescription for Opana 10mg, #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription for Opana 10mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 93. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Oxymorphone (Opana®).

Decision rationale: Oxymorphone Extended Release (Opana ER), no available generic: [Boxed Warnings]: Opana ER is not intended for prn use. Opana is not recommended because of issues of abuse and Black Box FDA warnings. Oxymorphone is recommended as second line therapy for long acting opioids. Oxymorphone products do not appear to have any clear benefit over other agents and have disadvantages related to dose timing (taking the IR formulation with food can lead to overdose), and potential for serious adverse events (when the ER formulation is combined with alcohol use a potentially fatal overdose may result). Because of the issues with abuse, disadvantaged outlined regarding timing of dosing, as well as FDA Black box warning, I find that its use is not warranted and not medically indicated or necessary. Considering the patient was successfully weaned from another opioid pain medication (Norco) as he was not experiencing an improvement in functionality, sleep quality, remained off work as result of his pain and had continual pain complaint, changing to another opioid pain medication is not indicated. Therefore, 1 Prescription for Opana 10mg #120 is not medically necessary.