

Case Number:	CM14-0039228		
Date Assigned:	06/27/2014	Date of Injury:	03/27/1996
Decision Date:	07/28/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	04/03/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 51 year old female with a 3/27/96 date of injury and status post thoracic outlet syndrome surgical decompression. At the time (1/22/14) of request for authorization for Opana (unknown strength & quantity), there is documentation of subjective (chronic chest and shoulder pain due to bilateral thoracic outlet syndrome with moderate to severe muscle spasms in the shoulder regions and clavicular regions due to brachial plexus compression neuropathies, and increasing spasm in the neck region) and objective findings, current diagnoses (brachial plexopathy, myofascial pain syndrome, and insomnia due to chronic pain), and treatment to date (ongoing therapy with Norco, Soma, Ambien, and Lexapro). Medical report plan identifies a trial of Opana. In addition, a medical report identifies that the patient has previously tried and failed Opana therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana (unknown strength & quantity): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Oxymorphone (Opana).

Decision rationale: The MTUS Chronic Pain Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. The ODG identifies Opana as second line therapy for long acting opioids. Within the medical information available for review, there is documentation of diagnoses of brachial plexopathy, myofascial pain syndrome, and insomnia due to chronic pain. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, there is no documentation of Opana used as second line therapy for long acting opioids. Furthermore, despite documentation of a plan identifying a trial of Opana, and given documentation that the patient has previously tried and failed Opana therapy, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Opana. Therefore, the request is not medically necessary and appropriate.