

Case Number:	CM14-0044618		
Date Assigned:	07/02/2014	Date of Injury:	04/27/2002
Decision Date:	08/21/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/11/2014

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 Occupational Medicine, 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:

This is a 31-year-old male with a date of injury of 4/27/02. The mechanism of injury occurred while installing carpet. He developed back pain and a diagnosis of disc herniation at L4-5 and L5-S1 was made. On 3/19/14, he continues to have low back pain and lower extremity pain. The MS Contin provides good relief, however, he cannot tolerate the constipation. He requests another long-acting opioid and Percocet for breakthrough pain. The pain is 8-9/10 without and 5-6 with MS Contin. Objective findings: He has decreased strength and numbness in the left lower extremity. The diagnosis is discogenic low back pain and s/p discectomy. Treatment to date: surgery, physical therapy, medication management. A UR decision dated 3/27/14 denied the request for Opana ER 20mg. A review of the patient's extensive history of opioid use and weaning schedule indicates that the patient should have completed the weaning process. A previous review noted that the patient was provided a final dose of Percocet, which completed the tapering process initiated on 9/2012. He has a history of tolerance, abuse, and an intolerable adverse side effect associated with opioid use, as well as no evidence of functional improvement, and has recently completed a weaning process. The Guidelines do not support recommending opioid therapy at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana ER 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Numbers Opiates Page(s): 78-81.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, this patient has a date of injury of 2002, and has been on opiates long-term. It was noted that he has had a history of abuse, tolerance, and completed a weaning process off Percocet in 2012. In addition, there is no documentation of functional improvement or continued analgesia with the use of opiates. There is no documentation of a CURES Report or an opiate pain contract. It was also noted that the patient had inconsistent urine drug screens. Therefore, the request for Opana ER 20mg #60 is not medically necessary.