

Case Number:	CM14-0058568		
Date Assigned:	07/09/2014	Date of Injury:	11/01/2003
Decision Date:	09/11/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	04/29/2014

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 56-year-old male with a date of injury of 11/1/03. The mechanism of injury occurred while lifting a fire window. On 4/8/14, he complained of pain in the mid and low back. Objective findings included decrease range of motion in the lumbar spine, tightness with palpation of the thoracic and lumbar paraspinal muscles. On 6/3/14, it was noted that the patient is still on Opana ER, with a decrease of Norco only when he receives acupuncture therapy. On progress note of 7/29/14, it was noted that he had inguinal hernia surgery on 7/7/14, and received Norco from the surgeon. The diagnostic impression is thoracic pain and spine/thoracic DDD. Treatment to date: acupuncture therapy, chiropractic therapy, H-wave unit, epidural injections and medication management. A UR decision dated 4/21/14 modified the request for Opana ER 5mg #60 to Opana ER 5mg #22. The patient has been on Norco and Opana ER since at least 7/2008. The documentation provided reveals that despite long-term treatment with Opana ER, the patient's activity level has remained the same since 2008. In addition, a recent progress report noted that the patient has experienced 50% pain relief with acupuncture, however, the findings of the evaluation do not document any pain decrease or functional improvement directly resulting from the treatment with Opana ER. Considering the records, given the absence of any qualitative and/or quantitative findings documenting an improvement in the patient's pain level and function due to Opana ER and based on guidelines recommendations regarding Opana ER and chronic treatment with opioid drugs, the recommended prescription is not medically indicated and continuation with Opana ER is not appropriate. The Opana ER 5mg #60 is modified to #22 tablets of Opana ER for the purpose of safe tapering and weaning process of the opiate.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Opana ER 5mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 78-81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: CA 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, given the approximate date of 7/2008 when the patient began opiate therapy with Norco and Opana ER, the duration of opiate use to date is not clear, and the end point to opiate use for pain control is not noted. On 6/3/14 it was noted that the patient continues his Opana ER dose but does not use his Norco, only when he is able to attend acupuncture sessions and with use of the H-wave unit. It was also noted that the patient had inguinal hernia surgery on 7/7/14, and was given Norco post-op by the surgeon. It is therefore unclear as to the exact pain regimen the patient is on at this time. In addition ODG guidelines do not support the use of Opana ER. Prior UR determination modified the request of Opana ER 5mg #60 to Opana ER 5mg #22, for weaning purposes. Therefore, the request for Opana ER is not medically necessary.