

Case Number:	CM14-0064177		
Date Assigned:	07/30/2014	Date of Injury:	08/03/2007
Decision Date:	10/20/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	05/07/2014

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 61-year-old male with a 8/3/07 date of injury, and status post lumbar fusion. At the time (4/8/14) of request for authorization for Dilaudid 4mg # 180 and Opana ER 20mg, # 120, there is documentation of subjective (back pain rated 4/10) and objective (bilateral lumbar tenderness, pain, diminished range of motion) findings, current diagnoses (lumbar degenerative disc disease, myofascial pain, post laminectomy syndrome, sciatica, low back pain, arthritis of the back), and treatment to date (TENS, and medications (including ongoing use of Opana and Dilaudid since at least 10/31/13). 3/3/14 medical report identifies patient is tolerating medications well without side effects and reports 80% improvement in pain and function. In addition, 3/3/14 medical report identifies that the medications are being filled appropriately, there are no concerns of drug abuse or diversion, and the patient has signed the controlled substance agreement on 8/13. There is no documentation that the lowest possible dose is being prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 4mg # 180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-80.

Decision rationale: MTUS Chronic Pain Medical Treatment 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. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence 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 or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbar degenerative disc disease, myofascial pain, post laminectomy syndrome, sciatica, low back pain, arthritis of the back. In addition, there is documentation that the prescriptions are taken as directed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Furthermore, given documentation of 80% improvement in pain and function with medications, there is documentation of functional benefit or improvement as a result of Dilaudid use to date. However, there is no documentation that the lowest possible dose is being prescribed. Therefore, based on guidelines and a review of the evidence, the request for Dilaudid 4mg # 180 is not medically necessary.

Opana ER 20mg, # 120: 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 rationale: MTUS Chronic Pain Medical Treatment 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. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence 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 or medical services. MTUS Chronic Pain Medical Treatment 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. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence 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 or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbar degenerative disc disease, myofascial pain, post laminectomy syndrome, sciatica, low back pain, arthritis of the back. In addition, there is

documentation that the prescriptions are taken as directed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Furthermore, given documentation of 80% improvement in pain and function with medications, there is documentation of functional benefit or improvement as a result of Opana use to date. However, there is no documentation that the lowest possible dose is being prescribed. Therefore, based on guidelines and a review of the evidence, the request for Opana ER 20mg, # 120 is not medically necessary.