

Case Number:	CM14-0065692		
Date Assigned:	07/11/2014	Date of Injury:	05/28/2012
Decision Date:	08/18/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/08/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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:

The injured worker is a 73-year-old male with a reported date of injury on 05/28/2012. The mechanism of injury was noted to be a fall from a roof. His diagnoses were noted to include multiple rib fractures, a back compression fracture, right shoulder fracture, and right rotator cuff tear. His previous treatments were noted to include medications, surgery, and physical therapy. The progress note dated 07/09/2014 revealed the injured worker reported without pain medications his pain was rated 7/10 to 8/10 and 3/10 to 4/10 after pain medications. The injured worker revealed without pain medications he could do nothing but lay in bed. The injured worker revealed that with pain medications plus Gabapentin, he would be active about 4 hours a day with short breaks every half hour. The injured worker revealed he was also able to do routine activities of daily living including some yard work. The provider reported the injured worker tolerated his medications with no side effects, and had good cognitive function with no aberrant behavior. His medications were noted to include Gabapentin 300 mg 1 in the morning and at 2 p.m., Opana ER 15 mg 1 twice a day, Norco 10/325 mg 1 to 2 every 8 hours, Ibuprofen 200 mg 1 twice day, Omeprazole 40 mg 1 daily, and Vitamin D 5000 mg 1 daily. The request for authorization form dated 07/09/2014 was for Opana ER 15 mg 1 twice a day #60 and Norco 10/325 mg 1 to 2 every 8 hours #180 as needed for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 Mg, 1- 2 Every 8 Hours #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78;87.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Opioid MED calculator.

Decision rationale: The request for Norco 10/325 mg, 1 to 2 every 8 hours #180 is non-certified. The injured worker has been utilizing this medication since at least 11/2013. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The Guidelines also state that the 4 A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors, should be addressed. The documentation provided indicated his pain was rated 3-4/10 with medications and 7-8/10 without medications, improved functional status with activities of daily living and yard work, no side effects, as well as a denial of aberrant drug taking behaviors; however, it is unclear as to whether the injured worker has had consistent urine. Therefore, despite the evidence of significant pain relief, increased function, and absence of adverse effects, and without details regarding urine drug testing to verify appropriate medication use, the ongoing use of opioid medications is not supported by the Guidelines. Additionally, the combination of Opana and Norco exceeds Guideline recommendations for 100 morphine equivalent dose per day of opioid use. Therefore, the request is non-certified.

Opana ER 15 Mg, 2 At Bedtime, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-87.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

Decision rationale: The request for Opana ER 15 mg 2 at bedtime #60 is non-certified. The injured worker has been utilizing this medication since at least 11/2013. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The Guidelines also state that the 4 A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors, should be addressed. The documentation provided indicated his pain was rated 3-4/10 with medications and 7-8/10 without medications, improved functional status with activities of daily living and yard work, no side effects, as well as a denial of aberrant drug taking behaviors; however, it is unclear as to whether the injured worker has had consistent urine drug screens and when the last test was performed. Therefore, despite the evidence of significant pain relief, increased function, and absence of adverse effects, and without details regarding urine drug testing to verify appropriate medication use, the ongoing use of opioid medications is not supported by the Guidelines. Additionally, the combination of Opana and Norco exceeds

Guideline recommendations for 100 morphine equivalent dose per day of opioid use. Therefore, the request is non-certified.