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| Case Number: | CM14-0066794 | | |
| Date Assigned: | 07/11/2014 | Date of Injury: | 01/13/2007 |
| Decision Date: | 09/24/2014 | UR Denial Date: | 04/19/2014 |
| Priority: | Standard | Application Received: | 05/09/2014 |

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 and Rehabilitation, 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:

The patient is a 29 year old male who was injured on 01/13/2007 when he was transferring merchandise. Prior medication history included Prozac, Fentanyl patch, Opana, lorazepam, Ativan, Adderall, and Kadian. Progress report dated 03/10/2014 indicates the patient presented with complaints of bilateral low back pain radiating into his bilateral buttocks and lower extremities. He is noted to be maintaining 50% relief of right low back and 80% relief of right lower extremity since receiving a repeat fluoroscopically-guided right L4-L5 lumbar transforaminal epidural steroid injection on 02/06/2014. On exam, lumbar range of motion was restricted by pain in all directions. Bilateral sacroilitis. Nerve root tension signs were negative bilaterally. Muscle stretch reflexes were symmetric bilaterally in all limbs. Muscle strength is 5/5 bilaterally. Deep tendon reflexes were intact bilaterally. Diagnoses are lumbar sprain/strain; early cauda equina symptoms; and new right-sided back and lower extremity pain and weakness. The patient was recommended to continue Opana ER 40 mg #60 with 0 refills as it provided the patient with 80% improvement of his pain. It is noted that the patient has an up-to-date contract and previous UDS (01/15/2014) was consistent with no aberrant behaviors. Progress report dated 4/7/2014 indicates the patient presents with complaints of bilateral low back pain radiating into his bilateral buttocks and bilateral lower extremities. He is maintaining 50% relief of right low back pain and 80% relief of right lower extremity since receiving 2/6/2014 LESI. He has been taking less Opana ER than prescribed, and would like to decrease this medication. Pain is rated 5/10. The 3/10/2014 UDS results were consistent with medications and history. He reports he was out of hydrocodone early last month. Current medications include ativan, norco, soma, medical marijuana, opana ER, adderall, prozac, and seroquel. Physical examination remains unchanged from prior examination. Treatment plan includes recommendation to decrease Opana ER to 35mg bid, and provided prescriptions to continue soma 350mg, opana ER 5 mg #60, opana

ER 30mg #60, and hydrocodone 10/325 mg #120. Prior utilization review dated 04/19/2014 states the request for Opana ER 5 mg (oxymorphone HCL) 1 tab twice daily #60 for 30 days is modified to certify Opana ER 5 mg #30 for 30 days to allow for taper and discontinuation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana ER 5 mg (oxymorphone HCL) 1 tab twice daily #60 for 30 days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 29,78.

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

Decision rationale: The patient reports mild pain complaints. He reports continued having 50-80% reduction in pain since receiving repeat LESI in 2/2014. Continuing opioid medication in the absence of moderately severe pain is not recommended or appropriate. The patient requested reduction in medications. His medication regimen includes hydrocodone as well as Opana ER 5mg and 35 mg, and medical marijuana. The patient's combined opioids dosages exceed 120 mg, the maximum MED set by the referenced CA MTUS guidelines. The medical records document the patient is to be weaned from opioids, and it is appropriate that tapering of the medications should continue to wean the patient from the opioids. Continuing this patient on Opana ER is not supported by the guidelines. The request is non-certified.