

Case Number:	CM14-0068894		
Date Assigned:	07/14/2014	Date of Injury:	11/28/2011
Decision Date:	09/19/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/13/2014

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 Texas. 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 55 year old male who sustained an injury on 11/28/01 when he slipped and fell injuring his low back. The injured worker was previously treated with epidural steroid injections. The injured worker had prior lumbar fusion in 2006. The injured worker was since followed for ongoing complaints of chronic low back pain managed with several medications including narcotics muscle relaxers anti-inflammatories benzodiazepines and antidepressants. The injured worker was seen on 04/08/14 with continuing complaints of low back pain substantially improved following recent epidural steroid injections at L5-S1 on 02/12/14. The injured worker estimated up to approximately 80% pain relief. The injured worker wished to start reducing medications following epidural steroid injection. The injured worker was willing to reduce oxycodone oxymorphone being prescribed and other medications. The injured worker successfully reduced Norco to three times per day. The injured worker was recommended to increase his Norco but decrease oxymorphone from 10mg four times daily was recommended to reduce oxymorphone to four 10mg to four times a day from up to eight per day. The injured worker had no issues with substance abuse. The requested Opana 10mg tablets were denied by utilization review on 04/22/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana (Oxymorphone HCl) 10mg tablets: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids, benzodiazapines Page(s): 24, 29, 75-78 and 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

Decision rationale: The report from 04/11/14 recommended that the injured worker reduce the number of oxymorphone doses to 10mg four times daily which was half the original amount the injured worker was utilizing. Given that the injured worker successfully weaned down from hydrocodone and had substantial improvement from epidural steroid injections the reduction of Opana would be appropriate and recommended by guidelines. Therefore this is requested for Opana 10mg four times a day would be medically necessary and appropriate at this time.