MAXIMUS Federal Services

Case Number:	CM14-0070183		
Date Assigned:	07/14/2014	Date of Injury:	12/13/2001
Decision Date:	09/15/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/15/2014

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 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:

The injured worker is a 58-year-old male who sustained an injury on 12/13/01. No specific mechanism of injury was noted. The injured worker is status post L3-4 and L4-5 lumbar laminectomy and facetectomy performed in November of 2013. The injured worker was referred for postoperative physical therapy and had been managed on Opana ER 10mg as well as Norco 10/325mg up to 5-6 times per day for pain control. Overall, the injured worker did have slow improvement in low back and lower extremity symptoms with postoperative physical therapy. As of 04/09/14, the injured worker was still utilizing Opana ER 10mg which provided relief for approximately 3 hours. The injured worker was utilizing Norco at a rate of 5-6 times per day. The injured worker reported more than 40% relief of pain for 2-3 hours with medications. The injured worker did report decreased functional ability with medications. Without pain medications, the injured worker reported his pain as 8/10 in severity. On physical examination, there was intact lower extremity strength with normal reflexes. There was tenderness over the bilateral sacroiliac joints. Tenderness was also present in the lumbar spine in the paraspinal musculature. Limited range of motion of the lumbar spine was identified. At this evaluation, the injured worker's Opana ER was increased to 15mg twice daily with Norco for breakthrough pain; however, the injured worker was limited to 4-5 times a day with this medication. 150mg was dispensed at this evaluation. Follow up on 05/07/14 noted the injured worker had continued elevated pain levels despite the change in medications. The injured worker felt that Opana ER did not provide any more relief than 10mg. The injured worker was still utilizing Norco at a rate of 5-6 times per day. At this evaluation, pain scores were at 6/10 in severity with medications and 8/10 in severity without medications. The injured worker's physical examination findings remained unchanged. Opana ER was increased to 20mg twice daily with Norco decreased to 3

times a day for breakthrough pain. The requested retrospective Norco 10/325mg, quantity 150 and Opana ER 15mg, quantity 60 were both denied by utilization review on 04/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Norco 10/325mg Quantity 150: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: In regards to the request for Norco 10/325mg, quantity 150, this reviewer would have recommended this request as medically necessary. The injured worker was continuing to utilize a substantial amount of narcotic medications following a lumbar surgical intervention from November of 2013. The injured worker had steadily improved with physical therapy but continued to report significant pain symptoms. Based on the clinical documentation submitted, the injured worker was obtaining at least 40% relief with the current use of Norco in conjunction with the use of Opana. The injured worker's Opana at 10mg had been established as effective and the injured worker was utilizing a significant amount of Norco. At the April of 2014 evaluation, the injured worker was recommended to increase the amount of Opana to 15mg to be utilized twice daily for around the clock pain control with Norco limited to a maximum of 5 per day for breakthrough pain control. This would have been an appropriate way to decrease the amount of Norco being utilized by the injured worker on a daily basis. Therefore, the continuation of Norco at 150 tablets for 1 month would have been medically appropriate given the functional improvement and pain reduction documented in the clinical record. This could have been reasonably continued for a 1 month trial with a reevaluation to occur the following month to determine the efficacy of increasing Opana for around the clock pain control. As such, the request would be considered medically appropriate.

Opana ER 15mg Quantity 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-81.

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

Decision rationale: In regards to the request for Opana ER 15mg, quantity 60, this reviewer would have recommended this request as medically necessary. The injured worker was continuing to utilize a substantial amount of narcotic medications following a lumbar surgical intervention from November of 2013. The injured worker had steadily improved with physical therapy but continued to report significant pain symptoms. Based on the clinical documentation submitted, the injured worker was obtaining at least 40% relief with the current use of Norco in

conjunction with the use of Opana. The injured worker's Opana at 10mg had been established as effective and the injured worker was utilizing a significant amount of Norco. At the April of 2014 evaluation, the injured worker was recommended to increase the amount of Opana to 15mg to be utilized twice daily for around the clock pain control with Norco limited to a maximum of 5 per day for breakthrough pain control. This would have been an appropriate way to decrease the amount of Norco being utilized by the injured worker on a daily basis. Therefore, the continuation of Opana at 15mg for a quantity 60 for the next month would have been medically appropriate given the functional improvement and pain reduction documented in the clinical record. This could have been reasonably continued for a 1 month trial with a reevaluation to occur the following month to determine the efficacy of increasing Opana for around the clock pain control. As such, the request would be considered medically appropriate.