

Case Number:	CM14-0072337		
Date Assigned:	07/16/2014	Date of Injury:	04/15/2002
Decision Date:	08/27/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/19/2014

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 Texas and Florida. 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 62 year old female who injured on 4/15/2002. The diagnoses are low back pain, knee pain, neck pain and shoulder pain. The past surgical history is significant for knee arthroscopy and rotator cuff repair. The MRI showed multilevel degenerative disc disease. On 4/23/2014, [REDACTED] noted 70% reduction in pain after back injection. The pain was rated at 3-4/10 on a scale of 0 to 10 scale, increase in ADL and exercise. The patient reported anxiety and palpitation with the use of buprenorphine. There was a history of effective pain relief without side effects with the use of Opana in 2012. There is increase pain when the patient was forced to reduce the dosage of Opana to avoid running out due to non- certification by the insurance. No side effect was reported with the use of Opana. The patient is compliant with no documented aberrant behaviors. The patient is also utilizing trazodone to treat insomnia. A Utilization Review determination was rendered on 4/28/2014 recommending non-certification for Opana ER 10mg BID #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana ER 10 mg #60: 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 9792.42.2 Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: The CA MTUS and the ODG guidelines addressed the use of opioids for the treatment of chronic musculoskeletal pain. Opioids could be utilized for short term treatment of severe pain during periods of exacerbations of chronic pain. Chronic opioids treatment can also be utilized for maintenance treatment of patients who have exhausted all forms of treatment including surgeries, interventional pain management, behavioral modification and psychiatric treatment when indicated. The records indicate that the patient have exhausted all available non opioid modes of pain management. The use of buprenorphine was associated with inadequate pain relief and intolerable side effects. The utilization of Opana was reported to provide effective pain relief with no side effects or aberrant drug behavior. The criteria for the use of Opana ER 10mg BID #60 was met.