

Case Number:	CM14-0072845		
Date Assigned:	07/16/2014	Date of Injury:	10/27/2007
Decision Date:	09/16/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/20/2014

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 Management 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:

According to the records made available for review, the injured worker is a 58-year-old male with a 10/27/07 date of injury, and status post cervical laminectomy. At the time 04/30/14 of request for authorization for Opana ER 40mg #80, there is documentation of subjective; intermittent neck pain rated 5-9/10, constant low back pain rated 6-9/10, and objective; decreased cervical spine range of motion, painful low back range of motion, paraspinal tenderness. The findings, and current diagnoses are; postlaminectomy syndrome of cervical region, degeneration of lumbar or lumbosacral intervertebral disc, brachial neuritis or radiculitis NOS, degeneration of cervical intervertebral disc, and treatments to date are; activity modification and medications; including Oxycontin, Percocet, and Opana since at least September of 2013. A medical report dated 4/21/14 identifies that narcotic pain medications were discussed. There is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Opana use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana ER 40mg #80: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page Page(s): 74-80.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of post-laminectomy syndrome of cervical region, degeneration of lumbar or lumbosacral intervertebral disc, brachial neuritis or radiculitis NOS, degeneration of cervical intervertebral disc. In addition, given documentation that narcotic medications were discussed with the patient, there is documentation that the prescriptions are from a single practitioner and are taken as directed; that the lowest possible dose is being prescribed; and that there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, given medical records reflecting prescription for Opana since at least 9/13, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Opana use to date. Therefore, based on guidelines and a review of the evidence, the request for Opana ER 40mg #80 is not medically necessary.