

Case Number:	CM14-0081280		
Date Assigned:	07/18/2014	Date of Injury:	07/06/1999
Decision Date:	09/18/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	06/03/2014

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 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 52 year old female who sustained an injury on 07/06/99 no specific mechanism of injury was noted. The injured worker was followed for continuing chronic complaints of low back pain radiating to the lower extremities. The injured worker had multiple lumbar surgical procedures managed with multiple medication including both immediate and extended release narcotics such as Opana. Prior urine drug screen results were consistent with Opana. As of 04/23/14 the injured worker was utilizing Opana IR 5mg twice daily for breakthrough pain and Opana ER 20mg twice daily for baseline pain relief. Other medications included Topamax, Zanaflex, Effexor XR, topical anti-inflammatory lotions, and anti-constipation medications. The injured worker indicated that her pain was improved by 30% with narcotic medications. The injured worker felt her pain would be uncontrolled without medications. With medications the injured worker was able to walk and exercise and perform her routine activities of daily living. The injured worker felt that she would be mostly sedentary and would need to rely on others without her medications. The injured worker denied any side effects from narcotic use. No changes in narcotic medications were noted at this visit. Follow up on 05/29/14 again noted the injured worker was at this visit the injured worker decreased her Opana IR intake to only 5mg per day. The injured worker felt that with this reduction she had difficulty functioning throughout the day and had to discontinue daily walking. Pain scores were improved by approximately 5% with normal dose of narcotic medications. Physical examination at this visit noted vital signs. The injured worker was recommended to continue with Opana ER to once per day total quantity of 30. The requested Opana IR 5mg #60 was denied by utilization review on 05/14/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana IR 5 MG #60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's-The Pharmacological Basis of Therapeutics 12th Edition\Physician's Desk Reference 68th Edition.

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

Decision rationale: This reviewer would have recommended this request as medically appropriate based on clinical documentation submitted for review and guideline recommendations. The calculated morphine equivalent dosage (MED) based on previous use of Opana was 150 MED per day. However with this medication dose the injured worker pain scores were reduced 30-50%. The injured worker was functionally active performing activities of daily living and exercising to some extent. The injured worker felt that she would be mostly sedentary and would rely on others without medication. Urine drug screen results were consistent with oxymorphone and there was no evidence of any aberrant medication use or abuse. In the opinion of this reviewer the clinical documentation met guideline recommendations for ongoing assessments for the efficacy of narcotics use. Therefore this medication was medically necessary.