

Case Number:	CM14-0084201		
Date Assigned:	07/21/2014	Date of Injury:	04/19/2006
Decision Date:	08/26/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	06/05/2014

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, 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:

This is a male patient with a date of injury of 4/19/06. A utilization review determination dated 5/15/14 recommends non-certification of Opana ER 40mg, stating current documentation does not indicate the patient receives significant pain relief with medication or significantly improved function. California MTUS recommends continuation of opioid treatment only with evidence of significantly improved pain and function, Opana was not recommended and weaning was in fact the recommendation for this patient. A progress report dated 6/20/12 identifies subjective complaints including neck and back pain with radiation to upper and lower extremities. Patient was noted to be taking Opana 40 mg, Topamax, Orphenadrin, Soma, Valium, Ativan, Desyrel, Motrin, Prilosec, Nortriptyline, and Cymbalta and noted to be in severe distress. Objective examination indicates patient was ambulatory with a very severe limp. Diagnoses include status post MVA with Chronic cervical spinal pain, bilateral paraspinal dystonia, failed neck surgery, status post 3-level anterior fusion with laminectomy from c4-c7 on 8/9/06, status post cervical spine stimulator implant, sleep apnea, dysphagia, depression, status post PCP in 7/10, status post right ear squamous surgery, HTN, SOB, elevated liver enzymes, high sed rate, abdominal pain and gingivitis. Recommendations were to continue medications listed in the report, consider Botox and consideration of home health services vs. intermediate nursing care services was discussed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana ER tab 40 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79, 120.

Decision rationale: Regarding the request for Opana ER, California Pain Medical Treatment Guidelines state that Opana ER is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the Opana ER is improving the patient's function or pain (in terms of percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. In the absence of such documentation, the currently requested Opana ER is not medically necessary.