

Case Number:	CM14-0116070		
Date Assigned:	08/04/2014	Date of Injury:	11/07/1997
Decision Date:	03/04/2015	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/24/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Internal Medicine

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 51 year old male with a date of injury as 11/01/1997. The cause of the injury was not included in the documentation received. The current diagnoses include increased neck and right upper extremity pain with weakness, cervical radiculopathy right upper extremity, status post C6-C7 anterior cervical fusion with persistent neck pain and radicular symptoms, and hypogonadism secondary to chronic opioid use due to chronic pain. Previous treatments include C6-C7 anterior cervical discectomy and fusion, physical therapy, and oral medication management. Primary treating physician's reports dated 12/18/2013 through 06/10/2014, urine drug screenings dated 10/30/2013 and 05/16/2014, and appeal of utilization review non-certification dated 06/08/2014 were included in the documentation submitted for review. Report dated 06/10/2014 noted that the injured worker presented with complaints that included continued increasing pain in his neck radiating to the right shoulder and down the right upper extremity. The injured worker also noted numbness, tingling, and weakness, and stiffness in the neck and right shoulder. It was noted that an updated MRI of the cervical spine was performed on 06/03/2014, but the physician did not have the report. Current medications include Opana ER, Oxycodone IR, Naproxen, Soma, and Foresta gel. The physician noted that the injured worker takes the Opana ER twice a day for baseline pain control in addition to the Oxycodone IR for break through pain. Pain level was noted to be 5-6 out of 10 with medications, and the injured worker notes 40%-50% improvement with pain medication. The injured worker is able to continue working his usual and customary duties and improved abilities to participate in activities of daily living including household chores. Documentation supports that the injured

worker has completed a pain medication contract and urine drug screen which shows compliance with prescribed medications. Physical examination revealed bilateral cervical paraspinal tenderness with palpable muscle spasm, decreased range of motion, and positive Spurling's test on the right extremity, reduced sensation in the right C5, C6, and C7 dermatomes. Physician appeal dated 06/08/2014 the physician documents that the injured worker has previously trialed extended release morphine and fentanyl patches. It was noted that the extended release morphine caused significant GI symptoms, and the fentanyl patch would not stay adhered due to perspiration. The physician also noted that prior to starting the Opana ER the injured workers pain level was 8 out of 10 and with the use of the Opana ER the pain level is around 5-6 out of 10, and with the use of this medication the worker is able to continue to work and perform activities of daily living. The injured worker is currently working. The utilization review performed on 07/03/2014 non-certified a prescription for titrate Opana ER based on the guidelines do not recommend for first-line use. The reviewer referenced the Official Disability Guidelines in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Titrate Opana ER to 10mg #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 ed. McGraw Hill, 2006; Physician's Desk Reference, 68th ed.; www.RxList.com; ODG Workers Compensation Drug Formulary, www.odg-twc.com/odgtwc/formulary.htm; drugs.com

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (page 89) present the strategy for maintenance for long-term users of opioids. "Do not attempt to lower the dose if it is working." Supplemental doses of breakthrough medication may be required for incidental pain, end-of dose pain, and pain that occurs with predictable situations. The standard increase in dose is 25 to 50% for mild pain and 50 to 100% for severe pain. Actual maximum safe dose will be patient-specific and dependent on current and previous opioid exposure, as well as on whether the patient is using such medications chronically. The primary treating physician's progress report dated June 10, 2014 documented that the patient is status post C6-C7 anterior cervical discectomy and fusion. Analgesia was documented. No intolerable side effects were documented. Functional improvement with medications was documented. A pain medication contract was signed. Urine drug screening showed evidence of compliance. Treatment recommendations included a prescription of Opana ER 10 mg every 12 hours quantity #60. Medical records document objective evidence of pathology. Medical records document objective physical examination findings. Medical records document regular physician clinical evaluations and monitoring. The medical records provide support for the request for Opana ER 10 mg. The request for Opana ER 10 mg every 12 hours

#60 is supported by MTUS guidelines. Therefore, the request for Opana ER 10 mg every 12 hours quantity #60 is medically necessary.