

Case Number:	CM14-0204688		
Date Assigned:	12/17/2014	Date of Injury:	12/19/2013
Decision Date:	02/09/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	12/08/2014

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 Occupational Medicine, 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 24-year-old male with a 12/19/13 date of injury. According to a progress report dated 11/13/14, the patient continued to complain of low back pain. He rated his pain as moderate (3-6/10) in severity with a dull, aching quality. He has noticed some improvement in pain and some improvement in function with the prescribed medication, and no significant side effects. He has been taking Opana 10mg BID and Opana ER 20mg BID since 10/31/14. MS Contin 30mg and MSIR 30mg have been prescribed at this visit and Opana and Opana ER have been discontinued. He has been getting headaches with the Opana. Objective findings: numbness/tingling, weakness, joint pain/stiffness, weakness of muscles/joints, difficulty walking. Diagnostic impression: low back pain, lumbar degenerative disc disease, shoulder pain, pain in thoracic spine. Treatment to date: medication management, activity modification, lumbar ESI. A UR decision dated 11/14/14 modified the request for Opana 10mg from 60 tablets to 45 tablets and modified the request for Opana ER 20mg from 60 tablets to 45 tablets. Regarding Opana, it does not appear the patient has taken the medication in the past as the request was non-certified. Therefore, it appears that a trial of the medication is appropriate to determine if it can help to more effectively control the patient's pain and increase function. The provider has prescribed a total of 60mg of Opana a day or 180mg MED, which exceeds the maximum recommended daily MED of 120mg. As such, it appears that Opana and Opana ER are warranted, but not the quantity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana 10mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, according to the patient's opioid medication regimen, the patient's daily MED is calculated to be 180. Guidelines do not support daily MED above 120 due to the risk of adverse effects, such as sedation. In addition, according to the progress report dated 11/13/14, it is noted that the provider has discontinued Opana. It is unclear why this request is being made at this time. Therefore, the request for Opana 10mg #60 was not medically necessary.

Opana ER 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, according to the patient's opioid medication regimen, the patient's daily MED is calculated to be 180. Guidelines do not support daily MED above 120 due to the risk of adverse effects, such as sedation. In addition, according to the progress report dated 11/13/14, it is noted that the provider has discontinued Opana ER. It is unclear why this request is being made at this time. Therefore, the request for Opana ER 20mg #60 was not medically necessary.