

Case Number:	CM14-0204696		
Date Assigned:	12/17/2014	Date of Injury:	06/24/2002
Decision Date:	02/06/2015	UR Denial Date:	11/10/2014
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 Family Practice and is licensed to practice in Ohio. 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 63 year old female with a date of injury of 6-24-2002. She had a lumbar fusion and decompression from L3 to S1 in 2004. The diagnoses includes lumbar degenerative disc disease, lumbar spondylosis and spinal stenosis, radiculitis, and sacroiliitis. She complains of moderate to severe low back pain radiating to the right lower extremity. She had been given Opana ER 20 mg every 8 hours and Opana IR 10 mg 3-4 times a day. Without medication her pain was 9/10 and reduced to 3/10 with medication. Opana IR and ER were not certified previously because the total daily morphine equivalency exceeded 100 mg per day and there was a lack of monitoring for aberrant drug taking behavior. The opioids were changed to MS Contin 30 mg every 12 hours and Morphine IR 15 mg every 6 hours. The patient stated that this was not as effective for pain and her functionality suffered as a consequence. It is also documented that the injured worker failed 3 previous NSAIDS and thus Celebrex 200 mg is requested. This was non-certified per MTUS guidelines. The physical exam revealed tenderness of the lumbar surgical scar, the lumbar paraspinal muscles and the sacroiliac joints. The lower extremity neurologic exam was non-focal.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana IR 10mg/tab, 1 tab po Q4hrs PRN #120: Overturned

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

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

Decision rationale: Those prescribed opioids chronically should have ongoing assessment of pain, functionality, medication side effects, and any aberrant drug taking behavior. Opioids may generally be continued when there is improvement in pain and functionality. In this instance, the Opana IR and ER clearly provided dramatic pain relief together. Specific examples of improved functionality were provided. The dose of the opioids did exceed 120 mg of Morphine a day (on the order of 300 mg a day) but that is allowable under the guidelines when done so by a pain management physician which indeed was the case here. The notes describe urine drug screening on 2 occasions in the last 6 months. The provider describes monitoring of the CURES reports. Consequently, Opana IR 10mg/tab, 1 tab po Q4hrs PRN #120 was medically necessary.

Opana ER 20mg/tab, 1 tab po Q8hrs #90: Overturned

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

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

Decision rationale: Those prescribed opioids chronically should have ongoing assessment of pain, functionality, medication side effects, and any aberrant drug taking behavior. Opioids may generally be continued when there is improvement in pain and functionality. In this instance, the Opana IR and ER clearly provided dramatic pain relief together. Specific examples of improved functionality were provided. The dose of the opioids did exceed 120 mg of Morphine a day (on the order of 300 mg a day) but that is allowable under the guidelines when done so by a pain management physician which indeed was the case here. The notes describe urine drug screening on 2 occasions in the last 6 months. The provider describes monitoring of the CURES reports. Consequently, Opana ER 20 mg #90 was medically necessary.

Celebrex 200mg/tab, 1 tab po QD #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), NSAIDS,

Decision rationale: NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one

drug in this class over another based on efficacy. In particular, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. In this instance, there are no side effects noted from the previously tried NSAIDs. Because there is no difference in efficacy amongst NSAIDs and there have been no side effects from the previous NSAIDS, Celebrex 200 mg #30 was not medically necessary.