

Case Number:	CM14-0208517		
Date Assigned:	12/22/2014	Date of Injury:	06/24/1987
Decision Date:	02/13/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/12/2014

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 Rehab, has a subspecialty in Interventional spine 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:

The patient is a 53 year old male with the injury date of 06/24/87. All hand written reports, except 01/02/13 report, provided by the treater contain little information regarding the patient's pain, symptoms, treatment's history, medications, etc.,. Per physician's report 11/11/14, the patient has pain at 7/10 with medication and 9/10 without medication. Taking extra Norco reduced pain from 10/10 down to 6-8/10. The lists of diagnoses are: 1) Failed back syndrome 2) No miraculous change in associated severe back pain 3) Back pain syndrome with fatigue, sexual dysfunction, depression and anxiety Per 10/13/14 progress report, the patient can't sleep. His legs are cramping all night. Per 09/29/14 progress report, the patient has hip pain and lower back pain at 10/10 without medication and 7/10 with medication. Lunestar, Marinol, Oxycontin, Provigil, Norco, Valium, and Prevacid are refilled. Per 08/28/14 progress report, the patient states that "medications help a little bit." Per 01/02/13 progress report, the patient has failed back surgery. Cialis, Marinol, Provigil, Prevacid, Norco and Oxycontin are refilled. The urine drug screenings (UDS) were conducted on 03/01/13, 01/17/14, 03/03/14 and 06/30/14 with consistent results. The utilization review determination being challenged is dated on 11/26/14. Treatment reports were provided from 01/02/13 to 11/11/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxymorphone IR 10 mg, 180 count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 76-78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Drug Formulary, Oxymorphone (Opana®)

Decision rationale: The patient presents with pain and weakness in his lower back and hip. The patient is s/p failed back surgery. The request is for Oxymorphone IR 10mg #180. The review of the reports indicates that the patient has been on other opioids such as Norco and Oxycontin since at least 01/02/13 and the patient appears to have not tried Oxymorphone in the past. Regarding initiating opiates, the MTUS guidelines page 76-78 recommend "the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." "Baseline pain and functional assessments should be made. Function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." The MTUS also states, "If partial analgesia is not obtained, opioids should be discontinued." the ODG guidelines, under Drug Formulary, specifically discusses Oxymorphone (Opana). "Due to issues of abuse and Black Box FDA warnings, Oxymorphone is recommended as second line therapy for long acting opioids. Oxymorphone products do not appear to have any clear benefit over other agents and have disadvantages related to dose timing (taking the IR formulation with food can lead to overdose), and potential for serious adverse events (when the ER formulation is combined with alcohol use a potentially fatal overdose may result)." The utilization review letter 11/26/14 denied the request of Oxymorphone 10mg #180, stating "the guidelines do not support the use of medication doses that exceed 120MED." In this case, the goal setting, baseline pain assessment and baseline functional assessment are not performed. There is no discussion regarding why another opiate is being tried; what the problem was with the other opioids. There is no discussion as to whether or not partial analgesia was obtained with other opiates to consider additional or another opiate. Furthermore, ODG guidelines recommend Oxymorphone as second line therapy for long acting opioids due to issues of abuse and Black Box FDA warnings. The request is not medically necessary.