

Case Number:	CM15-0002813		
Date Assigned:	01/13/2015	Date of Injury:	01/31/2008
Decision Date:	03/10/2015	UR Denial Date:	01/02/2015
Priority:	Standard	Application Received:	01/06/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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:

This 56 year old female suffered an industrial injury via cumulative trauma on 1/31/08 with subsequent ongoing neck, back and extremity pain. Cervical spine x-rays (10/22/14), showed multilevel facet degenerative changes, mild foraminal narrowing, right C3-4 and mild decreased disk space at C4-5 and C5-6. Treatment included left shoulder arthroscopic surgery, right carpal tunnel release, L3-L4 to L4-L5 fusion, medications, epidural injections, and physical therapy. In a PR-2 dated 12/2/14, the injured worker complained of left upper extremity pain as well as some fasciculations in the left triceps area. Pain was rated at 6/10 on a visual analog scale. Physical exam was noted to be unchanged from previous exams with mild weakness of the left shoulder external rotators, finger extensors and triceps. The physician's impression was cervical spondylosis with left sided disk protrusion and left upper extremity radicular pain. In a PR-2 dated 12/8/14, the injured worker reported some improvement in neck and shoulder symptoms using an H-wave unit. The treatment plan included avoiding heavy living, continuing home exercise program and getting fitted for an H-wave device for permanent use. On 12/31/14, Utilization Review issued a modified certification for Opana ER tab 10 mg, 15 day supply, quantify 30, MED 60 to Opana ER tab 10mg, quantity 25 for weaning to discontinue over the next 2-3 months citing MTUS Chronic Pain Medical Treatment guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana ER Tab 10mg, Days Supply 15, Quantity 30, Med 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Steps to take Before a Therapeutic Trial of Opioids; Opioids: Init. Decision based on Non-MTUS Citation ODG Pain (web: updated 11/21/14) Opioids for Chronic Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, Opana is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: "(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy.(b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework." There is no clear evidence of objective and recent functional and pain improvement with previous use of high Opioid that justify continuing Opana. There is no clear documentation of the efficacy/safety of previous use of Opioids. There is no clear justification for the need to continue the use of Opana.