

Case Number:	CM15-0005145		
Date Assigned:	01/16/2015	Date of Injury:	12/05/2011
Decision Date:	03/17/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/09/2015

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: California, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 60 year old female, who sustained a work related injury on 12/5/11. The diagnoses have included lumbar radiculopathy, herniated lumbar disc, pain-related insomnia, myofascial pain, neuropathic pain and prescription narcotic dependence. Treatment to date has included oral medications, MRI of lumbar spine and urine drug screens. In the PR-2 dated 11/12/14, the injured worker complains of low back pain that radiates to groin and front of right thigh. She complains of pain in the back of left knee. She states that the medication of Opana helps her be active and move around. She rates her pain an 8-9/10. On 12/16/14, Utilization Review Modified a prescription request for Opana 10mg. #120 to Opana 10mg. #60, noting there was inadequate documentation of pain scale ratings, effectiveness of this medication on functional improvements, response to treatment or notation of tolerance to medication. She has been on this medication for some time. There is a possibility of dependence on this medication. This request was modified for weaning purposes. The California MTUS, Chronic Pain Treatment Guidelines, were cited. On 12/16/14, Utilization Review Modified a prescription request for Tylenol #3 #20 to Tylenol #3 #10, noting , noting there was inadequate documentation of pain scale ratings, effectiveness of this medication on functional improvements, response to treatment or notation of tolerance to medication. She has been on this medication for some time. There is a possibility of dependence on this medication. This request was modified for weaning purposes. The California MTUS, Chronic Pain Treatment Guidelines, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana 10mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid analgesic Page(s): 78.

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

Decision rationale: The patient presents with pain affecting the low back with radiation to the groin and front of right thigh. The current request is for Opana 10mg #120. The treating physician report dated 12/10/14 (70) states: (The patient) continues to have significant symptoms and function poorly. MTUS pages 88 and 89 states: "document pain and functional improvement and compare to baseline. 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. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). The medical reports provided show the patient has been taking Opana since at least 6/1/14 (27). The treating physician report dated 7/23/14 (38) notes the patients pain level is 8/10. The requesting treating physician report dated 12/10/14 notes that the patient s pain level is 10/10. In this case, no evidence of functional improvement has been documented and the patient s pain level has increased from 7/23/14 to 12/10/14 with the usage of medication and none of the required 4 A's are addressed. The MTUS guidelines require much more thorough documentation to recommend the continued use of opioids. Recommendation is for denial and slow weaning per the MTUS guidelines.