

Case Number:	CM15-0006856		
Date Assigned:	01/29/2015	Date of Injury:	02/06/2012
Decision Date:	03/30/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/13/2015

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 York, Tennessee
 Certification(s)/Specialty: Emergency 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:

The injured worker is a 36 year old male, who sustained an industrial injury on February 6, 2012, while loading heavy trash bins into a crane. He has reported immediate sharp pain in the low back. The diagnoses have included spinal stenosis, left lumbar radiculopathy, and narcotic dependency. Treatment to date has included physical therapy, and medications. Currently, the injured worker complains of low back pain with left leg radiating symptoms. The Initial Pain Management Consultation dated October 13, 2014, noted the lumbar spine with diffuse muscle guarding and tenderness, with pain on flexion and extension of the lumbar spine. The Physician noted dense hypoesthesia in the left L4-S1 dermatome. A lumbar spine MRI was noted to show a 6-7mm disc protrusion at L4-L5, a moderate to severe central canal stenosis at L4-L5, and right sided foraminal stenosis at L5-S1. On December 23, 2014, Utilization Review non-certified Opana ER 20mg #60, noting the clinical documentation submitted did not provide sufficient clinical evidence to support guideline recommendations, however, the request was partially certified for Opana ER 20mg #30 to allow for weaning. The MTUS Chronic Pain Medical Treatment Guidelines was cited. On January 13, 2015, the injured worker submitted an application for IMR for review of Opana ER 20mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana ER 20mg #60: Upheld

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

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

Decision rationale: Opana is an extended release preparation of the opioid, oxymorphone. Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain or function. It is recommended for short-term use if first-line options, such as acetaminophen or NSAIDs have failed. In this case the patient has been receiving opioid medications since at least October 2014 and has not obtained analgesia. Documentation in the medical record from October 2014 indicates long-term use of high dose narcotic medications. There is no documentation that the patient has signed an opioid contract or is participating in urine drug testing. Criteria for long-term opioid use have not been met. The request should not be authorized.