

Case Number:	CM15-0103695		
Date Assigned:	06/08/2015	Date of Injury:	02/07/1996
Decision Date:	07/10/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	05/29/2015

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: Pennsylvania
Certification(s)/Specialty: Family Practice

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 60-year-old woman sustained an industrial injury on 2/7/1996. The mechanism of injury is not detailed. Diagnoses include cervical spine stenosis, failed neck surgery syndrome, cervical degenerative disc disease, cervical radiculopathy, neck sprain/strain, and thoracic spine strain/sprain. Treatment has included oral medications, heat, rest, and massage. Physician notes on a PR-2 dated 5/11/2015 show complaints of neck pain with radiation the bilateral arms rated 2-4/10. Recommendations include continue home exercise and stretching program, moist heat, Opana, Opana ER, follow up with primary care physician for non-pain issues, and follow up in four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana ER 20mg tablets, 1 tablet daily Qty 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxymorphone (Opana) Page(s): 93.

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

Decision rationale: Opana is oxymorphone, an opioid used to treat pain. According to the ODG, it is not recommended due to issues of abuse and FDA black box warnings but it may be used as a second line therapy for long acting opioids. It is not clear from the record why this medication has been chosen over safer first line alternatives. In addition, the MTUS opioid guidelines require measurable improvement in function in response to the opioid in addition to improvement in pain. There was no indication in the record that this worker had improved function in response to the opioid. In fact, function in relation to opioid use was not addressed. There was a statement in the 5/30/15 note that "she reports she is able to function and has been doing more physically." but there is no indication that this is attributable to the opioid use and specific functional activities compared to baseline are not addressed. Furthermore, pain reduction has been measured and has been minimal. The request is not medically necessary.

Opana 10mg tablets, 1 tablet daily Qty 150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxymorphone (Opana) Page(s): 93.

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

Decision rationale: Opana is oxymorphone, an opioid used to treat pain. According to the ODG it is not recommended due to issues of abuse and FDA black box warnings but it may be used as a second line therapy for long acting opioids. It is not clear from the record why this medication has been chosen over safer first line alternatives. In addition, the MTUS opioid guidelines require measurable improvement in function in response to the opioid in addition to improvement in pain. There was no indication in the record that this worker had improved function in response to the opioid. In fact, function in relation to opioid use was not addressed. There was a statement in the 5/30/15 note that "she reports she is able to function and has been doing more physically." but there is no indication that this is attributable to the opioid use and specific functional activities compared to baseline are not addressed. Furthermore, pain reduction has been measured and has been minimal. The request is not medically necessary.