

Case Number:	CM15-0105069		
Date Assigned:	06/09/2015	Date of Injury:	06/24/2002
Decision Date:	07/10/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	06/01/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 64-year-old female, who sustained an industrial injury on 6/24/02. The injured worker was diagnosed as having multiple level degenerative disc disease and spondylosis, degenerative lumbar/lumbosacral intervertebral disc, lumbosacral spondylosis, lumbar spinal stenosis, thoracic/lumbar neuritis/radiculitis, sacroiliac sprain/strain, sacroiliitis, and obesity. Treatment to date has included anterior and posterior decompression with fusion from L3 to sacrum on 8/27/04, aqua therapy, and medication including Opana, Motrin, and Baclofen. The injured worker has been taking Opana IR and ER since at least 4/7/15. Currently, the injured worker complains of low back pain that radiates to the right leg with left foot numbness. The treating physician requested authorization for Opana IR 10mg #120 and Opana ER 20mg #90. The treating physician noted new medications such as MS Contin ER and Morphine Sulfate IR do not control the injured worker's pain nearly as well as Opana.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana IR 10mg 1 tab by mouth every 4 hours: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Opioids, specific drug list, Oxymorphone; Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Opana IR 10mg one by mouth every four hours #120 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker is working diagnoses are status post anterior & posterior decompression and fusion, L3 to sacrum; status post exploration of fusion; rule out pseudoarthrosis; sacroiliitis bilaterally; failed back syndrome; and chronic intractable pain. The documentation from a progress note dated November 18, 2014 shows the injured worker was prescribed baclofen, ibuprofen, Morphine sulfate IR, MS Contin and Senokot. According to the documentation, the injured worker has profound side effects involving the mouth requiring extensive dental work. Opana appears to have a lesser effect on the oral mucosa. The injured worker's opiates were changed to Opana, however the specific date is unclear based on the medical record documentation. The most recent progress of the medical record dated May 28, 2015 shows the age worker has continued pain 4/10. Objectively, there is tenderness palpation and guarding overlying the lumbar paraspinal muscle groups; range of motion is decreased secondary to pain; and there are no pathological reflexes documented. The documentation throughout the medical record does not include evidence of objective functional improvement. There is no subjective improvement over subsequent progress notes. There are no risk assessments in the medical record. There are no detailed pain assessments in the medical record. Consequently, absent compelling clinical documentation with objective functional improvement to support the ongoing use of Opana, risk assessments and detailed pain assessments and subjective improvement according to the VAS pain scores, Opana IR 10mg one by mouth every four hours #120 is not medically necessary.

Opana ER 20mg 1 tab by mouth every 8 hours, #90: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Opioids, specific drug list, Oxymorphone; Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Opana ER 20 mg one by mouth every eight hours #90 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are status post anterior & posterior decompression and fusion, L3 to sacrum; status post exploration of fusion; rule out pseudoarthrosis; sacroiliitis bilaterally; failed back syndrome; and chronic intractable pain. The documentation from a progress note dated November 18, 2014 shows the injured worker was prescribed baclofen, ibuprofen, Morphine sulfate IR, MS Contin and Senokot. According to the documentation, the injured worker has profound side effects involving the mouth requiring extensive dental work. Opana appears to have a lesser effect on the oral mucosa. The injured worker's opiates were changed to Opana, however the specific date is unclear based on the medical record documentation. The most recent progress of the medical record dated May 28, 2015 shows the age worker has continued pain 4/10. Objectively, there is tenderness palpation and guarding overlying the lumbar paraspinal muscle groups; range of motion is decreased secondary to pain; and there are no pathological reflexes documented. The documentation throughout the medical record does not include evidence of objective functional improvement. There is no subjective improvement over subsequent progress notes. There are no risk assessments in the medical record. There are no detailed pain assessments in the medical record. Consequently, absent compelling clinical documentation with objective functional improvement to support the ongoing use of Opana, risk assessments and detailed pain assessments and subjective improvement according to the VAS pain scores, Opana ER 20 mg one by mouth every eight hours #90 is not medically necessary.