

Case Number:	CM15-0133673		
Date Assigned:	07/21/2015	Date of Injury:	08/05/1991
Decision Date:	08/25/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/10/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 57 year old male, who sustained an industrial injury on 08-05-1991. On provider visit dated 04-30-2015 the injured worker has reported primarily pains related to multiple spinal surgeries of the cervical, thoracic and lumbar regions with post spinal surgery syndrome, associated post -traumatic headaches, related double vision and secondary depression. On examination gait was noted as antalgic. Injured work was noted to not lean back in chair because it strikes the area of his thoracic kyphosis which was noted as painful, left leg was noted as larger. Mood was noted as depressed. The diagnoses have included lumbar and cervical post-laminectomy pain syndrome, painful kyphosis at the top of his thoracolumbar fusion. Treatment to date has included medication and surgical intervention. The provider requested Opana ER 15mg #180.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana ER 15mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 44, 47, 75-79 and 120.

Decision rationale: Regarding the request for Opana ER (oxymorphone), California Pain Medical Treatment Guidelines state that Opana ER is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but fortunately, the last reviewer modified the current request to allow tapering. In light of the above issues, the currently requested Opana ER (oxymorphone) is not medically necessary.