

Case Number:	CM15-0137088		
Date Assigned:	07/27/2015	Date of Injury:	12/29/2006
Decision Date:	09/24/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/15/2015

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 53 year old female, who sustained an industrial injury on 12/29/06. The injured worker was diagnosed as having post laminectomy syndrome of lumbar region, neuralgia, neuritis and radiculitis, degeneration of cervical intervertebral disc, bilateral carpal tunnel syndrome, venous stasis of lower extremity, autonomous neurogenic bladder, gastroesophageal reflux disease without esophagitis and chronic lumbar radiculopathy. Treatment to date has included oral medications including Opana ER, Opana 10mg, Cymbalta and Prevacid; trial spinal cord stimulator, sacroiliac joint injections and topical medications. (MRI) magnetic resonance imaging of cervical spine performed on 4/26/15 revealed multiple small disc bulges-protrusion of the cervical spine with mild central canal narrowing and limited evaluation for degrees of neural foramen narrowing. Currently on 6/10/15, the injured worker complains of throbbing pain at the lumbosacral junction extending to both buttocks with a focus at the coccyx, she also notes aching, pressing, cramping, pinching pain down the left leg to big toe and pain and numbness in bilateral lower extremities and she rates the pain 5-9/10 with medications and 10/10 without medications. She also notes pounding in ears and pain at base of neck since cervical fusion, bilateral hand numbness in thumb, index and long fingers, skin on hands is burning, pain goes behind the eyes from the neck and is rated 6-8/10. She is not working. Physical exam performed on 6/10/15 revealed moderate edema of bilateral hands, ankles and feet, blotchy erythema of skin over lower one third of lower legs, ankles and feet, full range of motion of cervical spine was noted without pain on palpation; she is wearing bilateral wrist braces; exam of lumbar spine notes tenderness to palpation in the lumbosacral junction and

an antalgic gait with a limp and she is using a cane. The treatment plan included orders for Opana ER 10mg #60, Opana 5mg #30, Prevacid 30mg #60, Cymbalta 60mg #30, Tenormin 25mg #30, compounded cream, and a return office visit in 5 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxymorphone (Opana) 5 mg Qty 30, 1 tab as needed for 30 days: Overturned

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

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

Decision rationale: The patient presents with pain affecting the neck, bilateral hands, and low back with radiation down the bilateral lower extremities. The current request is for Oxymorphone (opana) 5 mg Qty, 1tab as needed for 30 days. The treating physician report dated 6/10/15 (15B) states, "She is here because her pain is increased. She did not get atenolol or her compound cream or the Opana ER 10 mg bid." The report goes on to state, "She states that with the medications, she is able to walk and go to the grocery store and is able to do light cleaning. Without them, she states she would not be able to do these tasks". We have tried weaning her opioids; she is on the lowest possible dose to achieve function. She, after discussion, states she gets 50% relief with her meds." 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 Oxymorphone since at least 1/21/15 (96B). The report dated 6/10/15 (16B) notes that the patient's pain has decreased from 10/10 to 5-9/10 while on current medication. No adverse effects or adverse behavior were noted by patient except for constipation, which the patient was symptomatic of before initiating opioid therapy. The patient's ADL's have improved such as the ability to walk, go to the grocery store and perform light cleaning. The patient's last urine drug screen was consistent and the physician has a signed pain agreement and CURES report on file as well. The continued use of Oxymorphone has improved the patient's symptoms and have allowed the patient to enjoy a greater quality of life. In this case, all four of the required A's are addressed, the patients pain level has been monitored upon each visit and functional improvement has been documented. The current request is medically necessary.

Oxymorphone (Opana ER - extended release) 10 mg Qty 60, 1 tab every 12 hrs for 30 days: Overturned

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

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

Decision rationale: The patient presents with pain affecting the neck, bilateral hands, and low back with radiation down the bilateral lower extremities. The current request is for Oxymorphone (Opana ER -extended release) 10 mg Qty 60, 1 tab every 12 hrs for 30 days. The treating physician report dated 6/10/15 (15B) states, "She is here because her pain is increased. She did not get atenolol or her compound cream or the Opana ER 10 mg bid." The report goes on to state, "She states that with the medications, she is able to walk and go to the grocery store and is able to do light cleaning. Without them, she states she would not be able to do these tasks". We have tried weaning her opioids; she is on the lowest possible dose to achieve function. She, after discussion, states she gets 50% relief with her meds." 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 Oxymorphone since at least 1/21/15 (96B). The report dated 6/10/15 (16B) notes that the patient's pain has decreased from 10/10 to 5-9/10 while on current medication. No adverse effects or adverse behavior were noted by patient except for constipation, which the patient was symptomatic of before initiating opioid therapy. The patient's ADL's have improved such as the ability to walk, go to the grocery store and perform light cleaning. The patient's last urine drug screen was consistent and the physician has a signed pain agreement and CURES report on file as well. The continued use of Oxymorphone has improved the patient's symptoms and have allowed the patient to enjoy a greater quality of life. In this case, all four of the required A's are addressed, the patients pain level has been monitored upon each visit and functional improvement has been documented. The current request is medically necessary.

Prevacid DR (delayed release) 30 mg Qty 60 with 5 refills, 1 cap 2 times daily for 180 days:
Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs
Page(s): 68-69.

Decision rationale: The patient presents with pain affecting the neck, bilateral hands, and low back with radiation down the bilateral lower extremities. The current request is for Prevacid DR (delayed release) 30 mg Qty 60 with 5 refills, 1 cap 2 times daily for 180 days. The treating physician report dated 6/10/15 (15B) states, "She states that with the medications, she is able to

walk and go to the grocery store and is able to do light cleaning. Without them, she states she would not be able to do these tasks." The report goes on to state, "Without Prevacid, she gets burning in the esophagus. Prevacid helps this problem." The MTUS guidelines state Omeprazole is recommended with precautions, "(1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." Clinician should weigh indications for NSAIDs against GI and cardio vascular risk factors, determining if the patient is at risk for gastrointestinal events. In this case, there is documentation provided of current NSAID use in the form of ibuprofen. Furthermore, the patient presents with a diagnosis of gastroesophageal reflux disease and functional improvement from the use of Prevacid has been documented. The current request satisfies the MTUS guidelines as outlined on pages 68-69. The current request is medically necessary.