

Case Number:	CM15-0162579		
Date Assigned:	08/28/2015	Date of Injury:	08/18/2014
Decision Date:	10/06/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	08/19/2015

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, New Mexico
 Certification(s)/Specialty: Anesthesiology

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 08-18-2014. He has reported injury to the low back. The diagnoses have included lumbar sprain and strain; cervical sprain and strain; spinal stenosis in cervical region; history of C3 through C7 anterior cervical fusion with anterior plate screws and vertebral spacing devices; and C3-C4 and C4-C5 posterior laminectomy and fusion with pedicle screw fixation. Treatment to date has included medications, diagnostics, and surgical intervention. Medications have included Norco, Opana ER, Naproxen, Zanaflex, and Gabapentin. A progress report from the treating physician, dated 05-06-2015, documented an evaluation with the injured worker. Currently, the injured worker complains of he still feels that he has poor control of his neck pain; he has pain raising up to an 8 to 9 out of 10 on the verbal analog scale and gets less relief recently with this current regimen; he is currently taking Opana ER twice daily, with Norco up to four tablets for breakthrough pain, along with Gabapentin three times daily, Naproxen twice daily, and Zanaflex twice daily; and he is not opposed to any particular regimen of medications, as his goal is simply to have better relief of his pain. Objective findings included an unchanged physical examination; well-healed both posterior and anterior scarring of the neck; very guarded active voluntary range of motion; the motor and sensory examinations of the upper extremities are grossly normal; and deep tendon reflexes are 0 to 1+ bilateral biceps, triceps, and brachioradialis. The treatment plan has included the request for Oxymorphone-Opana ER 20mg #60 (Dispensed 07-14-15); and Hydrocodone-Acetaminophen 10-325mg #75 (Dispensed 07-14-15).

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxymorphone/Opana Er 20mg #60 (Dispensed 7/14/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, long-term assessment, Opioids, pain treatment agreement, Opioids, specific drug list.

Decision rationale: This is a review for the requested Oxymorphone/Opana ER. MTUS Guideline recommendations for opioids for chronic back pain state "Appears to be efficacious but limited for short-term pain relief, and long term efficacy is unclear (> 16 weeks), but also appears limited. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy." In addition, on-going management MTUS Guideline recommendations states "Pain assessment should include: current pain; the least reported pain over the period since the last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts." In addition, the Guidelines state actions should also include "Continuing review of overall situation with regard to non-opioid means of pain control." "Consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months." There is no documented evidence of intensity of pain after taking opioid, how long it takes for pain relief or how long pain lasts. There is documented evidence from May 2015 of continued pain with opioid therapy. Therefore, the above listed issue is considered NOT medically necessary.

Hydrocodone/Acetaminophen 10/325mg #75 (Dispensed 7/14/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, dealing with misuse & addiction, Opioids, long-term assessment, Opioids, specific drug list.

Decision rationale: Norco is a short acting opioid combined with acetaminophen. MTUS Guideline recommendations for opioids for chronic back pain state "Appears to be efficacious but limited for short-term pain relief, and long term efficacy is unclear (> 16 weeks), but also appears limited. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy." There is no clearly documented evidence of reassessment and consideration of alternative therapy. In addition, on-going management MTUS Guideline recommendations states "Pain assessment should include: current pain; the least reported pain over the period since the last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts." In addition, the Guidelines state actions should also include "Continuing review of overall situation with regard to non-opioid means of pain control." And "Consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is

usually required for the condition or pain does not improve on opioids in 3 months." There is no documented evidence of intensity of pain after taking opioid, how long it takes for pain relief or how long pain lasts. There is no documented evidence of consideration of a consultation with a multidisciplinary pain clinic. Therefore, the above listed issue is considered NOT medically necessary.