

Case Number:	CM15-0182399		
Date Assigned:	09/23/2015	Date of Injury:	04/04/1996
Decision Date:	11/06/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/16/2015

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
Certification(s)/Specialty: Emergency 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 62 year old male who sustained an industrial injury 04-04-96. A review of the medical records reveals the injured worker is undergoing treatment for reflex sympathetic dystrophy upper and lower limb, cervical post laminectomy syndrome, brachial neuritis-radiculitis, and myalgia-myositis. Medical records (08-26-15) reveal the injured worker complains of pain in the neck, shoulder, elbows, wrist, hand, hip, knee, ankle as well as headaches. Pain is rated 10/10 at its worse, and 5/10 at its best. The physical exam (08-26-15) reveals decreased neck range of motion bilaterally, tenderness to palpation cervical paraspinal muscle, and spasms. Prior treatment includes back surgery, medications, stellate ganglion blocks, and an implantable pain pump. The original utilization review (09-04-15) non-certified the request for Opana 10 mg #120. The documentation supports that the injured worker has been on Opana since at least 07-27-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana 10 mg #120: 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, indicators for addiction, Opioid hyperalgesia.

Decision rationale: The request is for Opana, or oxymorphone, which is an opioid used for the treatment of severe pain. The chronic use of opioids requires the ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. 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. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The MTUS guidelines support the chronic use of opioids if the injured worker has returned to work and there is a clear overall improvement in pain and function. The treating physician should consider 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. Consider a psychiatric consult if there is evidence of depression, anxiety or irritability. Consider an addiction medicine consult if there is evidence of substance misuse. Opioids appear to be efficacious for the treatment of low back pain, 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 regards to the injured worker, while there is no clear documentation of an improvement in pain with the use of opioids, a functional improvement, or a return to work. There is incomplete fulfillment of the criteria for use based upon the MTUS guidelines. Therefore, the request as written is not medically necessary. While opioids should not be abruptly terminated, there is unfortunately no provision to modify the request.