

Case Number:	CM15-0184585		
Date Assigned:	09/25/2015	Date of Injury:	09/10/1996
Decision Date:	11/02/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/21/2015

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: Pennsylvania

Certification(s)/Specialty: Family Practice

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 59-year-old male, who sustained an industrial injury on 9-10-1996. The medical records submitted for this review did not include details regarding the initial injury or prior treatments to date. Diagnoses include chronic pain, fibromyalgia, pituitary tumor, thalamic pain syndrome, wheelchair bound, complex regional pain syndrome. On 8-18-15, the physical examination documented no changes in physical presentation. The provider documented he was taking up to 8 Percocet a day. It was noted Butrans and MS IR had been tried. Nucynta had been tried and did not help. The treating diagnosis was listed a tolerance to oxycodone. The plan of care included a request to authorize initiation for Opana 10mg, one to two tablets every eight hours for severe pain and continue oxycodone in the form of Percocet 10-325mg. The appeal requested authorization of Opana IR Oxymorphone 10mg #60. The Utilization Review dated 8-24-15, denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana IR Oxymorphone 10mg #60: 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.

Decision rationale: According to the guidelines, determination for the use of opioids should not focus solely on pain severity but should include the evaluation of a wide range of outcomes including measures of functioning, appropriate medication use, and side effects. The guidelines state that measures of pain assessment that allow for evaluation of the efficacy of opioids and whether their use should be maintained include the following: 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 last. The criteria for long term use of opioids (6-months or more) includes among other items, documentation of pain at each visit and functional improvement compared to baseline using a numerical or validated instrument every 6 months. Opioids should be continued if the patient has returned to work and if there is improved functioning and pain. In this case, it is clearly documented that this worker has not had improved functioning in response to opioids and has not had improvement in pain control with oxymorphone. The 9/23/15 note states, "We've been able to make zero progress with him functionally." The note also states, "He reports that the oxymorphone didn't work very well." The continued use of oxymorphone without improvement in function or pain is not appropriate. This request is not medically necessary.