

Case Number:	CM15-0191541		
Date Assigned:	10/05/2015	Date of Injury:	05/08/2006
Decision Date:	11/10/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	09/29/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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:

This is a 52 year old female who sustained an industrial injury on 5-8-2006. A review of the medical records indicates that the injured worker is undergoing treatment for elbow arthritis, ulnar neuropathy, lumbar spondylosis without myelopathy, facet arthropathy, myalgia and myositis and sacroiliitis. Medical records (7-7-2015 to 9-11-2015) indicate ongoing back pain. She rated her average pain 8 to 9 out of 10. She rated her pain with medications 3 to 6 out of 10 and her pain without medications 8 to 10 out of 10. She reported daily episodes of breakthrough pain, which she remedied with Opana 10mg. She reported difficulty walking and falling occasionally due to left foot drop. She reported struggling to fulfill daily home responsibilities with medication. She was noted to be under the care of a psychiatrist for bipolar disorder. Per the treating physician (9-11-2015), the work status was permanent and stationary. She was not working. The physical exam (9-11-2015) revealed tenderness of the right elbow and severe pain with range of motion. There was mild pain with lumbar spine range of motion and moderate pain with left foot-ankle range of motion. There was hypoesthesia of the right upper limb and left lower limb. Treatment has included sacroiliac joint injection and medications (Opana ER since at least 7-19-2011 and Opana since at least 8-14-2014). Current medications (9-11-2015) included Trazodone, Prozac, Dextroamphetamine, Temazepam, Geodon, Opana ER, Lyrica, Opana and Voltaren gel. The original Utilization Review (UR) (9-21-2015) modified a request for Opana 10mg from #60 to #45.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana 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 for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Opana 10 mg #60 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are elbow arthritis; ulnar neuropathy; nonunion of fracture; spondylosis lumbar without myelopathy chronic; facet arthropathy; myalgia and myositis unspecified chronic; low back pain; sacroiliitis chronic; pain in joint involving forearm; lumbar failed surgery syndrome; ulna fracture and COAT. Date of injury is May 8, 2006. Request for authorization is September 11, 2015. According to a September 11, 2015 progress note, subjective complaints include back pain that is worsening and is persistent. The pain radiates to the ankle, right arm, left calf and left foot. Pain score is 6/10 with medications. Opiate medications include Opana ER 30 mg, Opana 10mg. Additional medications include temazepam, Geodon, Prozac, trazodone and Lyrica. The discussion section states Opana 10 mg taken for breakthrough pain. This minimizes the usage of Opana 30mg. Ongoing use of long acting opiates are recommended when there is objective functional improvement and subjective pain relief. The injured worker's subjective pain complaints have been persistent, ongoing and getting worse. There is no documentation demonstrating objective functional improvement support ongoing Opana. The utilization review recommends Opana tapering. Additionally, the morphine equivalent dose (MED) exceeds the upper limit of 120. There is no documentation showing an attempt at weaning. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement, subjective complaints of pain have been worsening, the MED is above the recommended limit of 120 and there has been no documentation of attempted weaning, Opana 10 mg #60 is not medically necessary.