

Case Number:	CM15-0196442		
Date Assigned:	10/12/2015	Date of Injury:	09/24/1997
Decision Date:	11/24/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/06/2015

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: 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 65 year old male, who sustained an industrial injury on 9-24-1997. The injured worker is undergoing treatment for: carpal tunnel syndrome, back pain, adjustment reaction, lumbar stenosis, incontinence of urine and feces. On 4-30-15, he rated his low back pain 7 out of 10. On 6-2-15, he rated his low back pain 7-7.5 out of 10. On 7-22-15, he reported low back pain with radiation into the left lower extremity to the foot. He also reported back spasms and left elbow pain. He indicated he was not able to get Opana since prior to his last appointment. He is noted to have "significant increase in neuropathic leg and back pain without Lyrica". He reported using a TENS unit and seeing no functional change however reported having pain relief which was allowing him to use less opiate medications. He reported that all his medications together give him an approximately 70 percent pain reduction, which enables him to do more activities such as walking longer. He rated his pain 8-8.5 out of 10. He is reported as having onset of relief with Opana at 15 minutes, lasting 2-2.5 hours at 30 percent relief. Objective findings revealed, "patient is able to raise from a seated position without difficulty. Gait is antalgic and the patient ambulates with cane. Changes position often during interview". There are no other objective findings documented regarding the left elbow, low back, or lower extremities. There is no discussion of aberrant behaviors or adverse side effects. The treatment and diagnostic testing to date has included: urine toxicology (4-7-15), TENS, cane, and medications, magnetic resonance imaging of the lumbar spine (3-21-11). Medications have included: Opana, Lyrica, Cymbalta, Senna-S, Naprelan, Flector patches. The records indicate he has been utilizing Opana since at least January 2015, possibly longer. Current work status:

unclear. The request for authorization is for: Opana (Oxymorphone HCL) 10mg tablets. The UR dated 9-30-2015: non-certified the request for Opana 10mg quantity 150.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana 10 MG Qty 150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The patient presents with low back pain. The request is for Opana 10mg qty 150. Physical examination to the lumbar spine on 04/30/15 revealed tenderness to palpation to the paravertebral muscles. Range of motion was noted to be limited. Per 07/23/15 Request For Authorization form, patient's diagnosis include carpal tunnel syndrome, other constipation, back pain, adjustment reaction with prolonged depressive reaction, lumbar stenosis and other urinary incontinence. Patient's medications, per 06/21/15 progress report include Opana ER, Opana, Lyrica, Senna, Cymbalta, Naprelan, and Flector Patch. Patient's work status was not specified. MTUS, CRITERIA FOR USE OF OPIOIDS Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, CRITERIA FOR USE OF OPIOIDS Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, CRITERIA FOR USE OF OPIOIDS Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, MEDICATIONS FOR CHRONIC PAIN Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, OPIOIDS FOR CHRONIC PAIN Section, pages 80 and 81 states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." The treater has not specifically addressed this request. Review of the medical records provided indicate that the patient has utilized Opana since at least 01/08/15. In this case, treater has not stated how Opana reduces pain and significantly improves patient's activities of daily living. There are no pain scales or validated instruments addressing analgesia. MTUS states that "function should include social, physical, psychological, daily and work activities." There are no specific discussions regarding aberrant behavior, adverse reactions, ADL's, etc. While UDS test results are current and consistent with patient's medication, there is no opioid pain agreement or CURES reports. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request is not medically necessary.

