

Case Number:	CM15-0204095		
Date Assigned:	10/20/2015	Date of Injury:	03/02/2012
Decision Date:	12/02/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/16/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 injured worker is a 41 old female, who sustained an industrial injury on 03-02-2012. The injured worker was diagnosed as having causalgia of lower limb, other internal derangement of knee-other, chronic pain due to trauma and other chronic postoperative pain. On medical records dated 09-15-2015 the subjective complaints were noted as pain in back and right knee. Pain was noted to radiate to the back. Pain was rated 10 out of 10. The injured worker was noted to have difficulty staying asleep due to pain, feeling blue all the time, frustrated because of pain and muscle cramps. Pain level with medication was 6-7 out of 10. And pain level without medication was rated at 9-10 out of 10. Objective findings were noted as injured worker in no acute distress. Treatments to date included medication. Current medications were listed as Opana E, Zanaflex, Relistor, Lidoderm patches with generic Oxymorphone, gabapentin, Trazodone and Venlafaxine and Marinol. The Utilization Review (UR) was dated 09-21-2015. A Request for Authorization was submitted. The UR submitted for this medical review indicated that the request for Opana 10 mg 1 tablet 1-2 Q8 hrs. PRN Qty 81 for 15 days was modified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana 10 mg 1 tablet 1-2 Q8 hrs PRN Qty 81 for 15 days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, specific drug list.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, dosing, Opioids, long-term assessment.

Decision rationale: The claimant sustained a work injury in March 2012 when, while [REDACTED]

[REDACTED] She had right knee pain. She underwent arthroscopic surgery in November 2012. She continues to be treated for chronic pain including a diagnosis of right lower extremity CRPS. On 09/01/15 a spinal cord stimulator was explanted. It had been implanted in January 2014 and had moved and was causing pain. On 09/02/15 Subsys 600 g #120 was prescribed but was not authorized. When seen on 09/15/15 she had constant pain rated at 10/10. She was frustrated that her medications had not been authorized. She was seen with her nurse case manager. Physical examination findings included a body mass index of 33. She was continuing to take Opana ER 10 mg #60 for 10 days and Opana 10 mg #90 for 15 days. The average daily MED from these medications was 480 mg per day. Opana (oxymorphone) is an immediate release short acting medication used for intermittent or breakthrough pain. In this case, it was being prescribed as part of the claimant's ongoing management. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. The total MED being prescribed was four times that recommended. There was no documentation that this medication was providing decreased pain, an increased level of function, or improved quality of life. Weaning of the prescribed medications was not being actively done or planned. Ongoing prescribing at this dose is not considered medically necessary.