

Case Number:	CM15-0206172		
Date Assigned:	10/23/2015	Date of Injury:	09/04/2003
Decision Date:	12/04/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/20/2015

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: Arizona, California
 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 75 year old male who sustained an industrial injury on September 04, 2003. The worker is being treated for: chronic pain care and management. Subjective: January 16, 2015, March 05, 2015, May 20, 2015, he reports chronic low back pain. He states that Opioid medication "improves pain, level of function and quality of life," his physical functioning is noted positive. He even sleeps better with the medication. Objective: May 20, 2015, January 16, 2015, March 05, 2015, noted pain location is central lumbar region. Medications: January 16, 2015, March 05, 2015: Opana ER. May 20, 2015: Opana ER, Nortriptyline, Omeprazole, Hydromorphone 2mg, Famotidine. June 11, 2015: Nortriptyline 25mg and 50mg, Hydromorphone 2mg, Opana ER. August 18, 2015: Opana ER, Nortriptyline 25mg and 50mg, and Hydromorphone. On October 02, 2015 a request was made regarding DOS August 18, 2015, for Oxymorphone 20mg X2 #56 that was both modified and noncertified by Utilization Review on October 09, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxymorphone (Opana ER) 20 mg #56: 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): Opioids for chronic pain, Opioids for neuropathic pain, Opioids, dosing, Opioids, specific drug list.

Decision rationale: According to the guidelines, opioids are not 1st line for mechanical or compressive etiologies. Long-term use has not been studied. In this case, the claimant has been on Opana for several months. Failure of weaning or non-opioid options was not mentioned. Pain reduction due to the use of the medication was not noted. Continued and chronic use of Opana E is not medically necessary.

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