

Case Number:	CM15-0206642		
Date Assigned:	10/23/2015	Date of Injury:	01/29/1999
Decision Date:	12/08/2015	UR Denial Date:	10/14/2015
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: 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:

This is a 50 year old male who sustained a work-related injury on 1-29-99. Medical record documentation on 9-29-15 revealed the injured worker was being treated for status post right shoulder replacement times two, severe degenerative arthritis of the left shoulder, internal derangement of the right knee, status post lumbar fusion at L4-5, status post permanent implantation of lumbar spinal cord stimulator (12-18-14), intractable pain, chronic radiculopathy and failed back syndrome. He reported pain in the left shoulder, left upper extremity, right shoulder, low back and right lower extremity. He reported being unable to use his spinal cord stimulator as it intensified the pain in the left shoulder; however it continued to improve lower extremity pain. He rated his pain an 8 on a 10-point scale (10 on 7-22-15) with highest rating of 9 on a 10-point scale, his lowest rating of 7 on a 10-point scale and average rating of 8 on a 10-point scale in the previous month. His medication regimen included Zanaflex 4 mg, cyclobenzaprine 10 mg, Norco 10-325 mg, Prevacid DR 16 mg, Oxycontin 30 mg, Celebrex 200 mg and Soma 350 mg. On physical examination, the injured worker was unable to move his left shoulder without discomfort and any abduction or external shoulder rotation caused significant increased pain. A request for Opana ER 20 mg #90 was received on 10-7-15. On 10-14-15, the Utilization Review physician determined Opana ER 20 mg #90 was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana Er 20mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, dosing, Opioids, specific drug list.

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 50 year old patient complains of pain in shoulder, low back and right knee, rated at 10/10, as per progress report dated 10/14/15. The request is for OPANA ER 20mg, #90. There is no RFA for this case, and the patient's date of injury is 01/29/99. The patient is status post right knee arthroscopy, status post anterior-posterior spinal fusion at L4-5, status post right total shoulder replacements x 4, and status post spinal cord stimulator implantation in December, 2014, as per progress report dated 10/14/15. Diagnoses also included severe degenerative arthritis of the left shoulder, right knee internal derangement, chronic radiculopathy, intractable pain, and failed back syndrome. Requested medications included Norco and Oxycontin. Prior report dated 09/29/15 documents the use of Zanaflex, Norco, Oxycontin, Cyclobenzaprine, Prevacid, Celebrex and Soma. The patient is temporarily totally disabled, as per progress report 10/14/15. 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." In this case, pages are missing from multiple progress reports. It appears that Opana was first prescribed during the 09/29/15 visit. As per progress report dated 10/14/15 (same as the UR denial date), the patient "is in significant pain as the Opana at the 20 mg strength is not covering his pain, especially as he is unable to use the spinal cord stimulator with it." The treater further indicates that they will discontinue Opana and go back to Norco and Oxycontin, which were prescribed in the past. The patient reports decrease in pain and increase in function without any side effects with these medications. Without them, he would have significant difficulty while performing activities of daily living. The treater also states that there is no aberrant behavior due to Norco and Oxycontin. MTUS requires a clear documentation regarding impact of Opana on 4As, including analgesia, ADLs, adverse side effects, and aberrant behavior, for continued use. Opana, however, does not appear to benefit the patient. Given the lack of efficacy of Opana, the request IS NOT medically necessary.