

Case Number:	CM15-0208031		
Date Assigned:	10/26/2015	Date of Injury:	03/15/2006
Decision Date:	12/08/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	10/22/2015

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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:

The injured worker is a 40 year old male, who sustained an industrial injury on 3-15-2006. A review of the medical records indicates that the injured worker is undergoing treatment for chronic idiopathic pain, chronic lumbalgia with radiation into bilateral lower extremities, chronic lumbar radiculopathy, cervicgia, and status post permanent lumbar spinal cord stimulator (SCS) implantation. On 9-17-2015, the injured worker reported pain in the neck, bilateral shoulders, bilateral upper extremities, upper back, mid back, low back, and down the right leg to the ankle. The Primary Treating Physician's report dated 9-17-2015, noted the injured worker was having increased difficulty gaining coverage of the painful areas with the spinal cord stimulator (SCS). The injured worker's current medications were noted to include Lidocaine patches, Opana, prescribed since at least 1-20-2015, Norco, prescribed since at least 6-18-2015, Opana ER, prescribed since at least 1-20-2015, Methadone, and Nexium. The injured worker was noted to begin to experience relief within 35-45 minutes of taking his medication with the relief lasting approximately 8-12 hours. The injured worker's pain ratings over the previous month were noted to be 6 out of 10 at the lowest pain level, 9 out of 10 at the highest pain level, and 7 out of 10 the average pain intensity rating. With medications the injured worker was noted to be able to walk for 15-20 minutes, sit for 30 minutes to an hour, stand for 20-30 minutes, and able to spend most of the day out of bed, prepare small meals, dress himself, and shower unassisted. The injured worker denied negative side effects from the medications, there were no aberrant behaviors noted, and the injured worker received all his prescriptions from a single practitioner. The physical examination was noted to show the cervical spine with tenderness and guarding in the cervical paraspinal musculature, and decreased cervical spine

range of motion (ROM) secondary to pain. The lumbar spine examination was noted to show the injured worker ambulating with an antalgic gait with use of a single point cane for balance and support, tenderness and guarding in the lumbar paraspinal musculature, and decreased range of motion (ROM) of the lumbar spine secondary to pain. X-rays were taken of the lumbar spine to verify lead placement with notation that the left lead had migrated inferiorly. The treatment plan was noted to include medications prescribed of Norco, Opana ER, and Opana. The request for authorization dated 9-17-2015, requested x-rays of the lumbar spine, Opana ER 15mg #60, and Opana 5mg #90. The Utilization Review (UR) dated 10-7-2015, certified the requests for x-rays of the lumbar spine and Opana ER 15mg #60, and non-certified the request for Opana 5mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana 5mg #90: Upheld

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

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

Decision rationale: Per the guidelines, in opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit fails to document any significant improvement in pain, functional status or a discussion of side effects specifically related to opioids to justify use per the guidelines. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but appears limited. The medical necessity is not substantiated in the records. The request is not medically necessary.