

Case Number:	CM15-0020615		
Date Assigned:	02/10/2015	Date of Injury:	08/18/1994
Decision Date:	03/25/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/04/2015

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: Georgia

Certification(s)/Specialty: Anesthesiology, 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 67-year-old female sustained an industrial injury on 8/18/94, with subsequent ongoing low back pain. Treatment included lumbar fusion at L4-5 and L5-S1 (1997) and medications. No recent magnetic resonance imaging was available for review. In a PR-2 date 12/18/14, the injured worker complained of a sharp, aching pain to the lumbar spine, rated 7/10 on the visual analog scale, with radiation to bilateral lower extremities reaching the feet. The injured worker reported electric like pain in the feet at night. The physician noted that the injured worker's pain was worsening and her activity was declining. The injured worker spent 70-80% of her time lying down. The physician had been increasing her pain medication in an attempt to better manage the pain. Current diagnoses included post-laminectomy syndrome of the lumbar region and lumbar disc degeneration. The treatment plan included repeat request for lumbar magnetic resonance imaging and continuing medications (aspirin, Opana ER, Oxycodone and Sonata). On 1/22/15, Utilization Review noncertified a request for Opana ER 5mg 1 tablet orally every night #30 noting lack of documentation of functional improvement from opioid therapy and citing CA MTUS Chronic Pain Medical Treatment Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana ER 5mg 1 tablet orally every night #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 79.

Decision rationale: Opana ER 5mg 1 tablet orally every night # 30 is not medically necessary. Per MTUS Page 79 of MTUS guidelines states that weaning of opioids are recommended if; (a) there are no overall improvement in function, unless there are extenuating circumstances. (b) continuing pain with evidence of intolerable adverse effects. (c) decrease in functioning. (d) resolution of pain. (e) if serious non-adherence is occurring. (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. The claimant has long-term use with this medication and there was a lack of improved function with this opioid; therefore, the requested medication is not medically necessary.