

Case Number:	CM15-0029347		
Date Assigned:	02/23/2015	Date of Injury:	04/23/2003
Decision Date:	04/07/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/18/2015

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: Preventive Medicine, Occupational 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 67 year old male, who sustained an industrial injury on April 23, 2003. The diagnoses have included chronic low back pain and post-laminectomy syndrome of the lumbar spine. Treatment to date has included physical therapy, surgical intervention, diagnostic studies and medication. Currently, the injured worker complains of continued low back pain with radiation of pain and associated numbness/tingling into the right thigh. He rates the pain a 9 on a 10-point scale. On examination, the injured worker had pain with range of motion of the lumbar spine and diminished pain sensation over the right L4-S1 dermatomes. The injured worker reported pain with bending, twisting, squatting and prolonged standing or walking. He had generalized lower extremity muscle weakness. The injured worker had an antalgic gait and ambulated with the assistance of a cane. On January 27, 2015 Utilization Review non-certified a request for Opana ER 30 mg #60, noting that the documentation does not establish functional improvement with the use of Opana. The California Medical Treatment Utilization Schedule was cited. On February 18, 2015, the injured worker submitted an application for IMR for review of Opana ER 30 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana ER 30mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opana; Opioids, Criteria for Use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, Pages 74-94.

Decision rationale: Oxymorphone is indicated for the relief of moderate to severe pain and also as a preoperative medication to alleviate apprehension, maintain anesthesia and as an obstetric analgesic. The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of narcotics, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months. Opana ER 30mg #60 is not medically necessary.