

Case Number:	CM15-0213926		
Date Assigned:	11/03/2015	Date of Injury:	11/21/1974
Decision Date:	12/22/2015	UR Denial Date:	10/03/2015
Priority:	Standard	Application Received:	10/30/2015

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, Hawaii
 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:

The injured worker is a 67 year old male, who sustained an industrial injury on 11-21-74. The injured worker was being treated for hypogonadism, osteoarthritis of multiple sites, lumbar disc degeneration and lumbar facet syndrome. On 8-26-15 and 9-23-15, the injured worker complains of increased back pain. Physical exam performed on 8-26-15 revealed decreased range of motion of lumbar spine and tenderness to palpation over L3-5 paraspinal muscles. Treatment to date has included laminectomy, lumbar fusion, lumbar revision with hardware, bilateral total hip replacements, oral medications including Amitiza 24mcg, Dexilant 60mg, Escitalopram 20mg, Ondansetron 4mg, Oxycodone 20mg and Protonix 40mg; spinal cord stimulator. On 9-1-15 request for authorization was submitted for Opana ER 30mg #90 and Oxycodone 20g #60. On 10-3-15 request for Oxycodone 20mg #60 was modified to #48 and Opana 30mg #90 was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana ER 30mg #90: Overturned

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

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

Decision rationale: The patient presents with increased back pain. The current request is for Opana ER 30mg #90. The treating physician states, in a report dated 09/23/15, "Opana ER 30 MG T12A, three times a day, 30 days, 0 refills." (316B). MTUS does support the usage of Oxymorphone (Opana). MTUS pages 88, 89 states "document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). MTUS further discusses under "outcome measures," documentation of average pain level, time it takes for medication to work, duration of relief with medication, etc. are required. In this case, the treating physician, based on the records available for review, states "Medication provides pain relief but does not last. The medication allows PT to experience less pain and be more active from day to day performing activities of daily living which improves quality of life. There are no adverse effects or aberrant drug seeking behaviors." (314B) and "Average pain level last 7 days 6 (0-10) with pain medication and worst pain in last 7 days level 10 (0-10) without pain medication." (317B) There is noted functional improvement and a decrease in pain. The current request is medically necessary.

Oxycodone HCL 20mg #60: Overturned

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

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

Decision rationale: The patient presents with increased back pain. The current request is for Oxycodone HCL 20mg #60. The treating physician states, in a report dated 09/23/15, "Oxycodone HCL 20 MG Tabs, twice daily as needed, 30 days, 0 refills" (316B). MTUS does support the usage of Oxycodone. MTUS pages 88, 89 states "document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). MTUS further discusses under "outcome measures," documentation of average pain level, time it takes for medication to work, duration of relief with medication, etc. are required. In this case, the treating physician, based on the records available for review, states "Medication provides pain relief but does not last. The medication allows PT to experience less pain and be more

active from day to day performing activities of daily living which improves quality of life. There are no adverse effects or aberrant drug seeking behaviors." (314B) and "Average pain level last 7 days 6 (0-10) with pain medication and worst pain in last 7 days level 10 (0-10) without pain medication." (317B) There is noted functional improvement and a decrease in pain. The current request is medically necessary.