

Case Number:	CM15-0217347		
Date Assigned:	11/09/2015	Date of Injury:	02/05/1999
Decision Date:	12/29/2015	UR Denial Date:	10/30/2015
Priority:	Standard	Application Received:	11/04/2015

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: California, District of Columbia, Maryland
 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:

The injured worker is a 49 -year-old male who sustained an industrial injury on 2-5-1999 and has been treated for chronic left leg and low back pain. Diagnoses include failed back syndrome, chronic lumbar pain, lumbar radiculopathy, and "significant" thoracic disc disease. On 10-15-2015, the injured worker reported ongoing mid to low back pain with lower left extremity numbness, tingling, weakness and pain. Objective findings include lumbar tenderness over L5-S1 with palpation, bilateral sciatic notch tenderness, positive sitting left straight leg raise, abnormal toe and heel walking on the left, and an antalgic gait. Documented treatment includes a transforaminal epidural steroid injection on 12-24-2014 with 80 percent improvement in pain and function, decreasing medication use for greater than 6 weeks; intrathecal pain pump implantation 7-19-2012; home exercise 7 days per week; and medication including Opana IR "for pain control on an intermittent basis" but this is stated to give him headaches and sweating. Other medications have included Norco "with success," Dilaudid "on hold due to denial," Gabapentin, Baclofen, Ambien, and Norco stated with "rare use - only when cannot get other medications released." The note states no aberrant behaviors, "appropriate" urine drug tests and CURES reviews, and the injured worker is counseled on medication use. The treating physician's plan of care includes a request for a refill of Opana 10 mg #120, which was denied on 10-30-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana 10 mg oral tablets, Qty 120, no refills, 1 by mouth every 6 hours as needed for pain:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the '4 A's' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the available medical records reveals insufficient documentation to support the medical necessity of Opana nor sufficient documentation addressing the "4 A's" domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document functional status improvement, appropriate medication use. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Per progress report dated 10/15/15, it was noted that the injured worker rated pain 10/10 without medications and 5/10 with medication. It was noted that the injured worker stopped taking Opana due to side effects including headaches and sweating. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. UDS dated 6/18/15 was positive for opiates. As MTUS recommends discontinuing opioids if there is no overall improvement in function, medical necessity cannot be affirmed. Therefore, this request is not medically necessary.