

Case Number:	CM15-0217824		
Date Assigned:	11/09/2015	Date of Injury:	12/07/1999
Decision Date:	12/28/2015	UR Denial Date:	10/29/2015
Priority:	Standard	Application Received:	11/05/2015

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, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 46 year old male with a date of injury on 12-07-1999. The injured worker is undergoing treatment for lumbago, spinal cord injury, and paraplegia. A physician note dated 08-12-2015 documents the injured worker complains of back pain and is stable on his current medications. His pain is constant and with his meds his pain is rated 3 out of 10, and without his medications his pain is rated 8 out of 10. A physician progress note dated 10-12-2015 documents the injured worker complains of low back pain. Medicine is very helpful but the injured worker has some issues with constipation. He also has quadriplegia. He rates his pain with meds as 4 out of 10 and without medications his pain is 10 out of 10. He also has complaints of insomnia. On examination he has pain on palpation to his lumbar midline, paraspinal area, and lateral lumbar tenderness with palpation and pain with extension. He is not working. Treatment to date has included diagnostic studies, medications, and use of a wheelchair. Current medications include Norco (since at least 05-01-2015) and Opana ER (since at least 05-01-2015), Lunesta, Colace, Baclofen, and Levitra. The Request for Authorization dated 10-09-2015 includes Norco and Opana ER. On 10-29-2015 Utilization Review modified the request for One (1) prescription of Norco 10/325mg #160 to Norco 10/325mg 103-for weaning, and modified One (1) prescription of Opana ER 30mg #60 to Opana ER 30mg #46.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) prescription of Opana ER 30mg #60: Upheld

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

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

Decision rationale: The CA MTUS Chronic Pain Guidelines indicate that on-going management for the use of opioids should include the on-going review and documentation of pain relief, functional status, appropriate medication use, and side effects. The pain assessment should include: current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. There is no evidence of significant pain relief or increased function from the opioids used to date. Therefore, the request for Opana ER 30 mg #60 exceeds the need for a weaning dose and is not medically necessary.

One (1) prescription of Norco 10/325mg #160: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Weaning of Medications.

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

Decision rationale: The CA MTUS Chronic Pain Guidelines indicate that on-going management for the use of opioids should include the on-going review and documentation of pain relief, functional status, appropriate medication use, and side effects. The pain assessment should include: current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. There is no evidence of significant pain relief or increased function from the opioids used to date. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. However, specific functional goals, random drug testing, and opioid contract were not discussed. Therefore, the request for Norco 10/325 mg #160 exceeds an appropriate dose for weaning and is not medically necessary.