

Case Number:	CM15-0031012		
Date Assigned:	02/24/2015	Date of Injury:	08/08/2006
Decision Date:	04/07/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/19/2015

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 Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 50 year old male, who sustained a work/ industrial injury on 8/8/06. He has reported symptoms of increased cervical and back pain with the cold weather. Prior surgical history includes s/p L4-S1 posterior lumbar interbody fusion on 7/2/10. The diagnoses has included spinal stenosis L4-5, L5-S1 and cervical discopathy. Treatments to date included medication, physical therapy, nerve root blocks, surgery, and orthopedic follow up. Diagnostics included Magnetic Resonance Imaging (MRI) of 11/6/12 noted previous spinal fusion, s/p removal of lumbar spinal hardware, and cervical discopathy. Medications included Endocet, Neurontin, Opana, and Tizanidine. The treating physician's report (PR-2) from 12/10/14 indicated the IW complained of continued back pain rated 7/10. Examination demonstrated moderately severe tenderness of the lumbar paraspinal area. Lumbar range of motion was 25 % of normal. Straight leg raise is mildly positive on the left. The treating physician recommended Opana and a left L4-5 and L5-S1 facet/medial branch block. On 1/23/15, Utilization Review non-certified Opana 10 MG #90, noting the California Medical treatment Utilization Schedule (MTUS) Guidelines, Chronic Pain; and Official Disability Guidelines (ODG).

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana 10 MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, Opana is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: “(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. 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. The 4 A's for Ongoing Monitoring: 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 aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework.” There is no clear evidence of objective and functional improvement with previous use of Opana. There no clear documentation of the efficacy/safety of previous use of Opana (no updated UDS and signed pain contract). There is no clear justification for the need to continue the use of Opana. Therefore, the prescription of Opana 10mg #90 is not medically necessary at this time.