

Case Number:	CM15-0035692		
Date Assigned:	03/04/2015	Date of Injury:	08/06/2009
Decision Date:	04/08/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/25/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 59-year-old male, who sustained an industrial injury on 08/06/2009. The diagnoses have included shoulder pain, knee arthritis, medial meniscus tear, and knee pain. Noted treatments to date have included physical therapy and medications. Diagnostics to date have included MRI of right thigh on 11/21/2014, which showed 6.5 by 4 by 2.3cm lipoma in the deep subcutaneous tissue of the medial thigh corresponding to the palpable lump. In a progress note dated 12/17/2014, the injured worker presented with complaints of right knee pain. The treating physician reported the injured worker's knee has been locking, catching, and giving out. Utilization Review determination on 02/04/2015 non-certified the request for Opana ER (oxymorphone HCL) 15mg, citing Medical Treatment Utilization Schedule and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana ER 15mg, twice daily #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25-26, 74-82. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Opana ER 15mg bid #60 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's working diagnoses are low back pain on the right with radiating symptoms of bilateral hips and bilateral posterior thighs; status post right knee arthroscopic surgery September 7, 2010; status post left knee arthroscopic surgery October 27, 2010; bilateral hip arthritic pain; EMG bilateral lower extremities with suggestion of sensory polyneuropathy; negative facet injection on the right L3, L4, L5 from February 14, 2012; and right shoulder pain after fall. The documentation indicates that during the course of treatment the injured worker was taking Norco, Duragesic, Zanaflex, Ambien, Lexapro and other heart related medications. In a progress note dated February 16 of 2015, on or about the time of the request for authorization, the ongoing medications are Opana, Zanaflex, Ambien, Lexapro and heart related medications. Norco and Duragesic were discontinued, however, there was no clinical rationale for their discontinuation. The treating physician prescribed Opana. The earliest progress note in the medical record dates back to August 2014. The total duration of opiate use is unclear from the documentation available for review. There are no risk assessments in the medical record to accompany long-term use of opiate analgesics. There is no pain contract or urine drug screen(s) in the body of the medical record. There is no documentation of objective functional improvement as it relates to ongoing Opana use. Consequently, absent clinical documentation with objective functional improvement, evidence of a pain contract, ongoing urine drug screens (according to guideline recommendations), risk assessments and ongoing long-term use of multiple opiates, Opana ER 15mg bid #60 is not medically necessary.