MAXIMUS Federal Services

Case Number:	CM15-0041854		
Date Assigned:	03/12/2015	Date of Injury:	08/07/2004
Decision Date:	04/22/2015	UR Denial Date:	02/15/2015
Priority:	Standard	Application Received:	03/05/2015

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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 53 year old male who sustained a work related injury August 7, 2004. During the course of his employment as a butcher/grinder, he developed pain in his neck and back. He was initially evaluated by a physician, x-rays were performed and he was treated with medications and physical therapy. According to a primary treating physician's progress report dated January 12, 2015, the injured worked presented with complaints of daily back pain, 8/10 without medication and 3/10 with medication. Has failed with Flexeril and another drug (handwritten note not legible) but tolerating Opana and continues with Colace for constipation. He ambulates with a cane. A physical examination was not present for this visit date. Diagnosis is documented as back pain/severe degenerative joint disease (DJD). Treatment plan included continued medication; Opana and Soma.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for Opana ER 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone; Opioids, criteria for use; Opioids, long-term assessment, Criteria for Use of Opioids, Long-term Users of Opioids (6-months or more); Opioids, dosing; Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

Decision rationale: With regard to this request, the California Chronic Pain Medical Treatment Guidelines state the following about on-going management with 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 nonadherent) 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 for documentation of the clinical use of these controlled drugs." Guidelines further recommend discontinuing opioids if there is no documentation of improvement in function and reduction in pain.In the progress reports available for review, the requesting provider did not adequately document monitoring of the four domains. Improvement in function was outlined. Trial weans of opioids had failed. Pain score was reduced down to 3/10 with the use of medication according to a note from January 2015. However, there did not appear to be adequate monitoring for aberrant behaviors such as querying the CURES database, risk stratifying patients using metrics such as ORT or SOAPP, or including results of recent urine toxicology testing. These were not discussed in recent progress notes from late 2014 to early 2015. Based on the lack of documentation, medical necessity of this request cannot be established at this time. Although this opioid is not medically necessary at this time, it should not be abruptly halted, and the requesting provider should start a weaning schedule as he or she sees fit or supply the requisite monitoring documentation to continue this medication.

1 prescription for Opana ER 30mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone; Opioids, criteria for use; Opioids, long-term assessment, Criteria for Use of Opioids, Long-term Users of Opioids (6-months or more); Opioids, dosing; Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Sections Page(s): 76-80.

Decision rationale: With regard to this request, the California Chronic Pain Medical Treatment Guidelines state the following about on-going management with 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 nonadherent) 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 for documentation of the clinical use of these controlled drugs." Guidelines further recommend discontinuing opioids if there is no documentation of improvement in function and reduction in pain.In the progress reports available for review, the requesting provider did not adequately document monitoring of the four domains. The patient takes Opana 20mg then 30mg each day. Improvement in function was outlined. Trial weans of opioids had

failed. Pain score was reduced down to 3/10 with the use of medication according to a note from January 2015. However, there did not appear to be adequate monitoring for aberrant behaviors such as querying the CURES database, risk stratifying patients using metrics such as ORT or SOAPP, or including results of recent urine toxicology testing. These were not discussed in recent progress notes from late 2014 to early 2015. Based on the lack of documentation, medical necessity of this request cannot be established at this time. Although this opioid is not medically necessary at this time, it should not be abruptly halted, and the requesting provider should start a weaning schedule as he or she sees fit or supply the requisite monitoring documentation to continue this medication.