

Case Number:	CM15-0056181		
Date Assigned:	04/01/2015	Date of Injury:	03/03/2004
Decision Date:	05/06/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	03/24/2015

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 54-year-old male, who sustained an industrial injury on 3/3/04. He reported back pain and stiffness. The injured worker was diagnosed as having low back pain, sacroiliitis, sacroiliac joint pathology, and sacral injury. Treatment to date has included radiofrequency neurolysis with 50% relief of back pain. Neurolysis of L5, S1, and S3 with short-term benefit was also noted. A MRI performed on 2/11/13 was noted to have revealed intervertebral disc desiccation at L4-5 and L5-S1 with mild L4-5 disc narrowing. A 2-3 mm broad-based disc protrusion with annular fissure was noted at L4-5. Currently, the injured worker complaints of back pain with stiffness. The treating physician requested authorization for Opana ER 40mg #60. A physician's report noted the injured worker reported marked benefit with the use of medication with 60% improvement in functional capacity and neuropathic pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana ER 40mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 76-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

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

Decision rationale: Opana Er is a long acting opioid. 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 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 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 adequately document monitoring of the four domains. Improvement in function and pain reduction was clearly outlined. Furthermore, there was monitoring of urine drug screen with the last test on 9/18/14. The provider has stated that attempts to wean have been unsuccessful and resulted in reduced functionality. Given the adequate ongoing opioid monitoring, the request is medically necessary.