

Case Number:	CM15-0084890		
Date Assigned:	05/07/2015	Date of Injury:	08/05/1981
Decision Date:	06/09/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/04/2015

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: Ohio, North Carolina, Virginia
Certification(s)/Specialty: Family Practice

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 54 year old male, who sustained an industrial injury on August 5, 1981. The mechanism of injury was not provided. The injured worker has been treated for bilateral lower extremity complaints. The diagnoses have included deep vein thrombosis, venous insufficiency, lower extremity limb pain, chronic pain syndrome, idiopathic progressive polyneuropathy, dietary surveillance and counseling and morbid obesity. Treatment to date has included medications, radiological studies, cognitive behavior therapy, compression stockings, physical therapy, vein repairs and anterior cruciate ligament reconstruction surgery. The injured worker had a history of vascular and neurological damage to the left lower extremity secondary to a cast being too tight post-surgery. He also had a history of a deep vein thrombosis post-surgery and requires chronic anti-coagulation. Current documentation dated April 4, 2015 notes that the injured worker reported pain with associated numbness and tingling of the bilateral lower extremities. Examination of the bilateral lower extremities revealed a moderate degree of allodynia, numbness and hypersensitivity, greater on the left side. The injured workers gait was noted to favor the left side. The lower extremities also had a mottled appearance with the left side being worse. The treating physician's plan of care included a request for the medications Opana 20 mg # 60 and Norco 10/325 mg # 90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana 20mg quantity 60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Interpretation of Urine Drug Test (UDT) based on Opioid Prescribed. VCU Chronic Non-malignant Pain Curriculum Prepared by: 2008 Virginia Commonwealth University.

Decision rationale: Those prescribed chronic opioids should have ongoing assessment of pain relief, functionality, medication side effects, and any aberrant drug taking behavior. Opioids may generally be continued when there is pain relief and functional improvement and/or the injured worker has regained employment. In this instance, the injured worker reports 30-40% pain relief with his 2 opioid regimen. He continues to work 7 days a week. No medication side effects are reported. Urine drug screening has been largely consistent with prescribed medication. Pill counts are done at each visit. The request for opioids was previously non-certified, in part, because of a seemingly inconsistent urine drug screen from 6-3-2014. However, oxycontin is a known metabolite of Opana (oxymorphone). Please refer to references cited. Therefore, the requirements for continued opioid therapy have been met. Opana 20mg quantity 60 is medically necessary and appropriate

Norco 10/325mg quantity 90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Interpretation of Urine Drug Test (UDT) based on Opioid Prescribed. VCU Chronic Non-malignant Pain Curriculum Prepared by: 2008 Virginia Commonwealth Un.

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