

Case Number:	CM14-0116017		
Date Assigned:	09/19/2014	Date of Injury:	05/02/2002
Decision Date:	10/17/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/24/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 69-year-old female with a 05/02/02 date of injury due to cumulative trauma. Diagnoses were failed back syndrome and lumbosacral radiculopathy. Letter of appeal documented that the patient had chronic intractable back and bilateral lower extremity pain due to significant cord compression at the T10-T11 level. There was a history of fusion, as well as osteomyelitis. Clinically, the patient had an antalgic gait. There was tenderness in the bilateral paravertebral regions at L2-L3, L3-L4, and L4-L5 levels. There was pain with extension of the lumbar spine. Range of motion of the lumbar spine was restricted. CT scan of the lumbar spine and MRI of the thoracic spine were referenced. The patient was using Opana ER 20 mg one tablet TID, not on a PRN basis. The patient had a signed opioid contract and was getting her pain medication only from one provider. She took her medication as prescribed only and did not request for early refills. There was no evidence of substance abuse or misuse. Urine drug screen and CURES were consistent and monitored routinely. Her last UDS was on 05/13/14, which was positive for Oxymorphone. There was also routine monitoring of improvement in function and the 4 A's. The patient's main issue was the inability to stand for more than 10 to 15 minutes at a time but without her pain medication, she could not even tolerate the 10 to 15 minutes of activity. Her functional goal was to be able to perform her activities of daily living, which she was meeting. The generic Hydromorphone caused significant nausea and vomiting. It also caused dizziness. With the branded Opana, there was no nausea, vomiting, or lightheadedness. She noted 30% improvement with this medication. The goal was to tide her over until an implantation therapy. A psychological evaluation for a pump implantation had been requested. 07/01/14 Progress report documented that the patient had chronic intractable low back pain rated at 7/10. It was described as aching and constant. The treatment plan included continuation of Opana ER 20 mg TID. Treatment has included 2 back surgeries. The patient had

a Laminectomy. The second surgery was hardware removal and additional bone grafting. The patient had tried other medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana ER 20mg tab #84: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going management; Weaning of Medications Page(s): 93,.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-81,93.

Decision rationale: Medical necessity has been established for Opana ER 20mg tab TID for 28 days #84. CA MTUS supports ongoing opioid treatment for moderate to moderately severe pain when prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The patient has chronic intractable back and bilateral lower extremity pain due to a significant cord compression at the T10-T11 level. Range of motion is restricted. She has had two lumbar surgeries and is diagnosed with failed back syndrome and lumbosacral radiculopathy. The patient's functionality is improved with the use of Opana. This medication is prescribed by only one provider and has a signed opioid contract. It is documented that there is no evidence of abuse or misuse. Her UDS and CURES are consistent and monitored routinely. Her last UDS on 05/13/14 was consistent for Oxymorphone. The goal of treatment with Opana is to manage pain, until a pump implantation. A psychological evaluation has already been requested for the pump implantation. It is likewise documented that the patient could not tolerate the generic Hydromorphone. Considering these factors and there being a medication future/long-term treatment plan with end-points of treatment, continuation of Opana is medically reasonable. Recommend as medically necessary.