

Case Number:	CM14-0124949		
Date Assigned:	08/11/2014	Date of Injury:	04/20/2003
Decision Date:	10/24/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/07/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 39-year-old woman who sustained a work-related injury on April 20, 2003. Subsequently, she developed chronic neck, low back, and knees pain. MRI of the lumbar spine performed on March 12, 2014 showed a disc replacement at L5-S1, fusion at L4-5, no loosening or collapse of the implant, and degeneration at L3-4. In the progress report dated June 5, 2014, the patient reports worse back, neck, knee, and leg pain. the pain radiates to the upper and lower extremities. Recent treatment had included medication management and physical therapy. According to the progress report from July 16, 2014, the patient reported a numbness and tingling as well as back pain located in the lower back with radiation into the right lower extremity. She also reported tingling and neck pain with radiation into the bilateral upper extremity. She rated her pain as 10/10 without medications and 5-6/10 with medications. The patient did go into withdraw, including nausea, diarrhea, generalized body ache, and insomnia which resolved after starting her medications. Her physical examination of the cervical spine revealed tenderness with reduced range of motion. Sensation on the right: C6 normal, C7 normal, C8 decreased sensation of the 4th and 5th digits, ulnar hand, and distal forearm, L4 normal, L5 normal, and S1 normal. Sensation on the left: C8 decreased sensation of the 4th and 5th digits, ulnar hand and distal forearm and deressed sensation on the sole of the foot and the posterior leg (S1) and C6 normal, C7 normal, L4 normal, and L5 normal. Examination of the lumbar spine revealed lumbar tenderness with reduced range of motion. The patient was diagnosed with chronic pain syndrome, degeneration of cervical intervertebral disc, and lumbar post-laminectomy syndrome. The provider requested authorization for Opana ER.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana ER 5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, Opana is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Appropriate follow up to evaluate the efficacy of prescribed medications. 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. There is no clear justification of increasing dose of Opana by 10 mg. The patient is already on high dose of opioid (more than the maximum daily 120 MED) and suffered from a withdraw from previous abrupt cessation. There is no documentation of pain control and functional improvement with previous use of high dose of opioids. The patient pain level was quantified as 5-6/10 with pain medications improving from 10/10. There is no clear documentation of the efficacy/safety of previous use of Opioid. There is no documentation of functional improvement and change in the quality of life of patient with opioid use. Therefore, the prescription of Opana ER 5mg #60 is not medically necessary.