

Case Number:	CM14-0138284		
Date Assigned:	09/05/2014	Date of Injury:	06/01/2000
Decision Date:	10/24/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/26/2014

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 Physical Med & Rehab 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 injured worker is a 49 year old female who sustained an injury on 6/1/2000. As per the 7/7/2014 report, she continued to have cervical spine pain in the neck and radicular pain into the shoulders and upper extremities. The pain was more on the right with some associated motor weakness, sensory deficits, burning and dysesthesias in the right upper extremity. She also had cervicogenic headaches associated with cervical spasms. Her pain was rated at 5-6/10. On exam, she had muscle spasms around the neck and in the upper trapezius muscle groups on both sides with multiple tender and trigger point areas in the upper trapezius muscle groups. She also had tenderness in the upper rhomboid muscles. Her range of motion of the cervical spine was decreased. There were sensory deficits to light touch, thermal and vibratory sensation in the upper extremities bilaterally as well as a weak hand grip. She is currently on Oxymorphone, gabapentin, Cymbalta, Lorazepam, Lunesta, Hydromorphone, and Phenergan. She is also on Opana for moderate to severe ongoing chronic pain. Her pain levels have decreased with general improvement in function and activities of daily living. With Hydromorphone, which she has been using for breakthrough pain, there was decrease in her visual analog scale scores and improvement in function as well as her activities of daily living. These medications have provided very satisfactory analgesia and the dosing has been very conservative and closely monitored. A urine drug screen from 06/02/14 was consistent. Her diagnoses include cervicalgia with bilateral radiculopathy, extensive myofascial syndrome, carpal and cubital tunnel syndrome bilaterally, shoulder arthropathy, peritrochanteric bursitis, and spinal cord effacement in the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana ER Tab 20mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 91. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioids

Decision rationale: Per the Official Disability Guidelines, Oxymorphone extended release (Opana extended release), is a controlled, extended and sustained release preparation that is not recommended as first line therapy. Due to issues of abuse and black box Food and Drug Administration warnings, Oxymorphone is recommended as second line therapy for long acting opioids. Oxymorphone products do not appear to have any clear benefit over other agents. It should be reserved for workers with chronic pain who are in need of continuous treatment. Regarding opioids, guidelines indicate four domains have been proposed as most relevant for the ongoing monitoring of chronic pain workers on opioids including pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. In this case, there is little to no evidence of any significant improvement in pain level (i.e. visual analog scale) and function, specifically with its use. Furthermore, the injured worker is also on Dilaudid 8 mg with frequent dosing (as well as a tranquilizer, sleeping medication, antiepileptic and antidepressant) which indicates that the pain has not been optimally managed. Also, there is no documented trial of first line therapy. Therefore, the medical necessity of the request for Opana extended release 20mg # 60 is not medically necessary.

Hydromorphon tab 8mg #240: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 91.

Decision rationale: Per guidelines, Hydromorphone is a short-acting opioid that is indicated for moderate to severe breakthrough pain. The guidelines indicate four domains have been proposed as most relevant for ongoing monitoring of chronic pain workers on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The guidelines state continuation of opioids is recommended if the worker has returned to work and if the worker has improved functioning and pain. There is little to no documentation of any significant improvement in pain level (i.e. visual analog scale) or function with prior use. Furthermore, conversion to long-acting opioids should be considered when continuous around the clock dosing is required. Therefore Hydromorphone (Dilaudid) is not medically necessary.

