

Case Number:	CM14-0150307		
Date Assigned:	09/18/2014	Date of Injury:	12/15/1992
Decision Date:	10/17/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/15/2014

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 Occupational Medicine and is licensed to practice in Illinois. 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:

This injured worker is a 71 year-old woman with a history of hurting her back while lifting an injured worker, with a date of injury of Dec 15, 1992. She has chronic multifocal musculoskeletal pain and complains that her pain medication is not being prescribed in adequate amounts. She takes Gabapentin, Trazodone, Omeprazole, Requip, Cyclobenzaprine, Methotrexate, Levothyroxine, Dilaudid, Lidoderm patch and Opana ER. A urine drug screen on June 16, 2014 was positive for opiates, benzodiazepines and oxycodone. At an office visit July 2014, she complained of spine pain with worsening bilateral lower extremity pain and weakness, plus neck pain with radiation down her arm. Her musculoskeletal physical exam was almost completely normal except for cervical tenderness. A computed tomography (CT)-myelogram of the lumbar spine showed multiple compression fractures of the lower lumbar vertebrae and degenerative disease; cervical magnetic resonance imaging (MRI) showed multilevel degenerative changes, and multiple retrolisthesis and disc bulges with C6-7 fusion. A urine toxicity screen was positive for Hydromorphone, Oxymorphone and Gabapentin. She was given additional Dilaudid, Lidoderm patch and Opana ER at an office visit on Sept 8, 2014.

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: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management, Page(s): 78.

Decision rationale: Opana (Oxymorphone) is an opioid pain medication. Opana is used to treat moderate to severe pain. The extended-release form of this medicine is for around-the-clock treatment of severe pain. Opana ER is not for use on an as-needed basis for pain. Per the Medical Treatment Utilization Schedule (MTUS), under the criteria for use of opioids, on-going management, actions should include: ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. Pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief and how long pain relief lasts. Four domains have been proposed as most relative for ongoing monitoring: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. Another reason to continue opioids is if the worker has returned to work, and a written contract is suggested. None of these criteria have been met for the ongoing prescribing of opioids. There is no documentation of functional status as it relates to activities of daily living (ADLs), most and least reported pain, intensity of pain, and timing and duration of pain relief. No written contract has been submitted. The request for Opana ER tab 20mg #60 is not medically necessary.