

Case Number:	CM14-0166776		
Date Assigned:	10/14/2014	Date of Injury:	08/16/2006
Decision Date:	11/14/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/09/2014

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 Medicine and Rehabilitation 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:

This 30 year-old patient sustained an injury on 8/16/2006 from a slip and fall on wet roof while employed by [REDACTED]. Request(s) under consideration include Opana ER 20mg #60 and Norco 10/325mg #120. Diagnoses include lumbar intervertebral disc displacement without myelopathy/ DDD (degenerative disc disease)/ spinal stenosis/ congenital vertebral fusion status post postsurgical arthrodesis. Conservative care has included medications, therapy, and modified activities/rest. Report of 3/4/14 noted chronic unchanged symptoms. Medications list Nucynta, Mobic, Ultram, Zanaflex, Flexeril, Norco, and Topamax. It was noted most medications were denied and pain was constant at 10/10. Exam showed tenderness and guarding of lumbar paraspinal musculature; decreased range secondary to pain (no degrees or planes specified); bilateral lower extremities without focal atrophy, tremor, or ataxia; no evidence of clonus or spasticity with good circulation. Diagnoses include status post fusion at L4-5 with laminotomy, facetectomy and foraminotomy on 8/2/07. Treatment included medication refills with the patient remaining TTD (temporarily totally disabled). Report of 9/16/14 from the provider noted the patient with ongoing chronic unchanged pain rated at 7-10/10 with improvement while taking medications. No comprehensive clinical exam findings documented with treatment for refills of Norco for breakthrough pain and Opana for daily use. There was previous peer review of 5/27/14 noting modification for requests of MS Contin and Norco for weaning. The request(s) for Opana ER 20mg #60 and Norco 10/325mg #120 were non-certified on 10/3/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana ER 20mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-79 & 86.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 74-96.

Decision rationale: Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in work status, remaining TTD. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this 2006 chronic injury. The Opana ER 20mg, #60 is not medically necessary and appropriate.

Norco 10/325mg, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-79.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Pain symptoms and clinical findings remain unchanged for this chronic 2006 injury. Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or returned to work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury. In addition, submitted reports have not adequately demonstrated the specific indication to support for chronic opioid use without acute flare-up, new injuries, or progressive clinical deficits to support for

chronic opioids outside recommendations of the guidelines. The Norco 10/325mg, #120 is not medically necessary and appropriate.