MAXIMUS Federal Services

Case Number:	CM14-0168707		
Date Assigned:	10/16/2014	Date of Injury:	05/16/2009
Decision Date:	11/18/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/13/2014

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 Family 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:

This is a 40 years old male who sustained an injury on 5/16/2009. He sustained the injury due to involvement in motor vehicle accident and fire. The current diagnoses include burns to 70-79 percent of the body surface area, chronic pain syndrome, prescription narcotics dependence, chronic pain related insomnia, anxiety and depression. Per the doctor's note dated 9/4/14, he had complaints of pain over the left side of his body and headaches. Physical examination revealed normal vitals and weight of 160 lbs. The medication list includes Opana IR 10mg, Opana ER 40mg, Lyrica, Trepadone (medical food) and Percura (amino acid mixture). He has had a CT scan of the cervical spine, X-rays of the pelvis and left hand on 5/16/2009; electrodiagnostic studies of the upper extremities on 7/27/2010 with non-diagnostic results; lumbar spine X-rays dated 9/16/10; electrodiagnostic studies dated 9/29/10 which revealed left carpal tunnel syndrome, left Guyon's canal syndrome, and cubital tunnel syndrome on the left; lumbar MRI in 12/2010; a CT scan of the left elbow dated 1/21/2011 which revealed a chronic nonunion fracture of the olecranon; a CT scan of the left elbow dated 6/30/2011 which revealed a chronic nonunion fracture of the olecranon with post traumatic osteoarthritis; CT head dated 3/4/14 which revealed mild sinus mucosal disease and no acute abnormalities; lumbar spine X-rays dated 3/4/14 which revealed grade I retrolisthesis L4 on L5. He has undergone a left carpal tunnel release and Guyon's canal release as well as left ulnar nerve decompression at the elbow on 11/11/2010; left elbow surgery on 9/15/2011. He has been authorized for NESP-R program for narcotic detoxification. His last urine drug screen on 9/4/14 was positive for Hydrocodone and Hydromorphone. The report dated 8/12/14 was positive for Nicotine, Cotinine, Oxymorphone, Hydrocodone, Hydromorphone, Morphine and Oxymorphone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana ER 40mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: This is a request for Opana ER 40mg #120. Opana contains Oxymorphone which is an opioid analgesic. According to CA MTUS guidelines cited above, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continue to review the overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. To aid in pain and functioning assessment, the patient could be requested to keep a pain dairy that includes entries such as pain triggers, and incidence of end-of-dose pain. It should be emphasized that using this diary will help in tailoring the opioid dose. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." He has been authorized for NESP-R program for narcotic detoxification. He had a previous trial and failure of opioid weaning. The records received do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. Any evidence that the patient has a pain diary is not specified in the records provided. This patient does not meet criteria for the ongoing use of opioid analgesics. The medical necessity of Opana ER 40mg #120 is not fully established for this patient. Therefore, this request is not medically necessary.