

Case Number:	CM14-0183564		
Date Assigned:	11/10/2014	Date of Injury:	05/09/1991
Decision Date:	12/17/2014	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	11/04/2014

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 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 patient is a 58-year-old male who has submitted a claim for lumbosacral neuritis NOS associated with an industrial injury date of 5/9/1991. Medical records from 3/13/2013 up to 10/29/2014 were reviewed showing continued lower backache rated at 4/10 with medications and 9/10 without medications. Activity level has remained the same. The patient is doing better with the increased dose of Opana from once a day to three times a day. He finds that he is able to manage his overall pain. He still requires use of Norco for breakthrough pain 2-3 times daily. With medications, he is able to lift 20 lbs. compared to 10 lbs.; he can walk 10 blocks vs. 4 blocks; sit for 90 minutes vs. 45 minutes; stand for 60 minutes vs. 20 minutes; can perform household tasks 45 minutes at a time vs. 10 minutes at time when not on medication. Lumbar examination reveals loss of normal lordosis, restricted range of motion (ROM) due to pain, and presence of paravertebral muscle spasms, tightness, and tenderness. Lumbar facet loading is positive on the left side. Straight leg raise test is positive on the left side. The past three consecutive urine drug testing (with latest on 7/16/2014) revealed an inconsistent report. Treatment to date has included Opana 5mg BID (since 10/1/2014), Norco, Soma, Lyrica, Etodolac, and caudal epidural injections. The utilization review from 10/15/2014 denied the request for one prescription of Opana ER 5 mg # 30. Despite the patient's prolonged opioid use, there is no apparent objective functional improvement throughout the records other than the patient's subjective reporting of relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Opana ER 5 mg # 30: Upheld

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

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

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief (analgesia), side effects (adverse side effects), physical and psychosocial functioning (activities of daily living) and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the patient has been taking Opana since 10/1/2014 but has been on opioids since at least 3/2013. Although the patient reports subjective improvement with decreased pain and ability to perform household tasks, physical examination remains largely unchanged. The patient is prescribed to take approximately 3 Opana tablets a day and 3 Norco tablets a day. However, his urine drug screening tests are inconsistent with prescribed medications which imply non-compliance. Therefore, the request for one prescription of Opana ER 5 mg # 30 is not medically necessary.