

Case Number:	CM14-0101997		
Date Assigned:	07/30/2014	Date of Injury:	05/16/2009
Decision Date:	06/24/2015	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	07/02/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 40 year old male, who sustained an industrial injury on 5/18/09. He reported burns to his face, shoulders, arms, hands, and legs. Multiple contusions, bilateral knee lacerations, a left olecranon fracture, and partial amputation of the left thumb were also noted. The injured worker was diagnosed as having burns, chronic pain syndrome, prescription narcotic dependency, chronic pain related insomnia, chronic pain related anxiety, and chronic pain related depression. Treatment to date has included left hand splinting, occupational therapy, physical therapy, left wrist ulnar nerve transposition, left carpal tunnel release, left cubital tunnel release, Guyon's canal decompression, left elbow reconstruction with iliac crest bone graft, and medications. Physician's reports dated 5/12/14 and 6/2/14 noted pain without medications was rated as 10/10 and pain with medications was rated as 4/10. The injured worker had been taking Opana ER and Opana IR since at least 10/28/13. Currently, the injured worker complains of pain in the head, mid-back, right leg, and left arm. The treating physician requested authorization for a urine drug screen, Opana ER 40mg #90 with 2 refills, and Opana IR 10mg #90 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates, steps to avoid misuse/addiction; Substance abuse (tolerances, dependence, addiction). Decision based on Non-MTUS Citation University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-Terminal Pain, Including Prescribing Controlled Substances (May 2009), pg 32, 33.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 89.

Decision rationale: The patient presents with bilateral hand, fingers, shoulder, and arm pain as well as pain affecting the bilateral lower extremities. The current request is for 1 Urine Drug Screen. The report with this request was not submitted for review. The reviewing physician documents that the patient had a urine drug screening on 3/6/14, 4/17/14, and 5/12/14. The results have been positive for the opioids the patient is currently prescribed. The MTUS guidelines state that for opioid usage, "Urine drug screens may be required." The ODG guidelines state that low risk patients should be tested on a yearly basis, moderate risk patients should be tested 2-3 times a year, and high risk patients should be tested as often as once per month. In this case, the treating physician has not documented any indicators that this patient would be considered high or moderate risk. The current request is not medically necessary and the recommendation is for denial.

1 Prescription for Opana ER 40mg, #90 with 2 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opana: Oxymorphone (Opana), Ongoing Management, When to Continue Opioids.

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

Decision rationale: The patient presents with bilateral hand, fingers, shoulder, and arm pain as well as pain affecting the bilateral lower extremities. The current request is for 1 prescription for Opana ER 40mg, #90 with 2 refills. The report with this request was not submitted for review. The treating physician states that the patient reports a pain scale of 8/10 without medications and 4/10 with medications. The treating physician also documented that the patient does not have the coping skills to wean off this medication without a pain program and previous attempts put the patient in a crisis. (6A). For chronic opiate use, the MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the treating physician has documented decreased pain but did not document if the patient was able to perform ADLs, has had any side effects, or aberrant behaviors. The current request is not medically necessary and the recommendation is for denial.

1 Prescription for Opana IR 10mg, #90 with 2 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opana: Oxymorphone (Opana), Ongoing Management, When to Continue Opioids.

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

Decision rationale: The patient presents with bilateral hand, fingers, shoulder, and arm pain as well as pain affecting the bilateral lower extremities. The current request is for 1 prescription for Opana IR 10mg, #90 with 2 refills. The report with this request was not submitted for review. The treating physician states that the patient reports a pain scale of 8/10 without medications and 4/10 with medications. The treating physician also documented that the patient does not have the coping skills to wean off this medication without a pain program and previous attempts put the patient in a crisis. (6A). For chronic opiate use, the MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the treating physician has documented decreased pain but did not document if the patient was able to perform ADLs, has had any side effects, or aberrant behaviors. The current request is not medically necessary and the recommendation is for denial.