

Case Number:	CM14-0211028		
Date Assigned:	02/03/2015	Date of Injury:	04/04/2001
Decision Date:	03/06/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/16/2014

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

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 patient is a 64-year-old female with an injury date of 04/04/01. As per psychiatric progress report dated 11/18/14, the patient complains of pain in neck and back. She also has depression, anxiety and unstable mood, secondary to the pain. As per orthopedic report dated 09/11/14, the patient complains of total body pain rated a 9-10/10. As per orthopedic report dated 06/18/14, the patient suffers from neck pain, mid back pain, low back pain, upper and lower extremity symptoms, weight loss, hair loss, jaw pain, and dental problems. The patient has an antalgic gait and ambulates with a cane. She has limited range of motion and tenderness in the cervical, thoracic and lumbar spine. Medications, as per psychiatry report dated 11/18/14, include Trazodone, Neurontin, Abilify and Effexor. The patient is also taking Opana and attending physical therapy sessions, as per orthopedic report dated 09/11/14. She is also receiving assistance from a home health aide, as per psychiatry report dated 06/12/14. She underwent back surgery in 2004 and neck surgery in 2001 or 2002. CT Scan of the Lumbar Spine, 11/18/13: - Status post L4 through S1 fusion / instrumentation anatomically aligned; - Scoliosis; - Severe chronic degenerative disk disease at L1-2, L2-3 and L3-4; - Mild central foraminal stenosis. Nuclear Medicine Whole Body Scan, 02/03/14: - Increased activity associated lower thoracic and mid lumbar spine correlates with apex of mild to moderate dextroscoliosis of the lower thoracic and lumbar spine; - Faint increased activity in mid cervical spine, this correlates with prior C4-C6 surgery and C3-4 arthropathy, greater on the left; - Increased activity of the anterior mandible, reflecting recent surgery; - Slight increased activity of left ethmoid paranasal sinus, likely inflammation or sinusitis. Diagnoses, 09/11/14: - Severe degenerative disc disease of

cervical and lumbar spine; - Adjacent segment disease of cervical and lumbar spine; - Cervical and lumbar radiculopathies; - Cervical and lumbar stenosis; - Probable pseudoarthrosis at C4-5. The utilization review determination being challenged is dated 11/19/14. Treatment reports were provided from 04/02/13-12/17/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana 10mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 76-78, 88-89.

Decision rationale: The patient complains of neck pain, mid back pain, low back pain, upper and lower extremity symptoms, weight loss, hair loss, jaw pain, and dental problems, as per orthopedic report dated 06/18/14. The request is for 1 prescription for Opana 10 mg # 120. As per orthopedic report dated 09/11/14, the patient complains of total body pain rated a 9-10/10. She also has depression, anxiety and unstable mood, secondary to the pain, as per psychiatry report dated 11/18/14. The progress reports do not discuss the patient's work status specifically but progress report dated 12/17/14 -after the UR date -documents the disability status as permanent and stationary. 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 4As (analgesia, ADLs, adverse side effects, and adverse 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, Opana is first mentioned in progress report dated 07/08/14. The patient has used other opioids in the past including Norco, Hydrocodone and Percocet, as per QME report dated 04/25/13. As per the psychiatry report dated 07/08/14, the medication was prescribed by [REDACTED] and she continues to feel that this has been helping her a little bit and she hopes this will continue to provide some pain relief. In progress report dated 09/02/14, the treater states [REDACTED] has increased the dose of Opana and this has helped her to sleep better noting that her 10 to 20 minute sleep has increased to 45 minutes. A UDS report dated 11/11/14 is consistent with Opana use. However, there is no CURES reports available for review. The treater does not document the side effects. There is no discussion about a change in the pain scale as well. The patient's work status is not documented clearly. However, in progress report dated 06/18/14, the treating physician states that she is unable to do her normal activities. The treater is requesting for transportation and assistance with ADLs in the same report, indicating that Opana is not helping with function. Given the minimal impact of the opioid on ADLs and lack of documentation regarding impact on pain, adverse side effects, and aberrant behavior, the request is not medically necessary.