MAXIMUS Federal Services

Case Number:	CM14-0211982		
Date Assigned:	01/02/2015	Date of Injury:	04/24/2006
Decision Date:	02/19/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/18/2014

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 (IW) is a 56-year-old woman with a date of injury of April 24, 2006. The mechanism of injury was documented as a cumulative trauma. The injured worker's working diagnoses are cervical sprain/strain with severe spondylosis per MRI; lumbar sprain/strain with lumbar degenerative joint disease; bilateral shoulder sprain/strain with chronic tendinopathy; non-industrial fibromyalgia, hypothyroidism, hypertension; and history of reactive depression due to industrial onset with anxiety disorder. Prior treatment have included acupuncture, injections which made the pain worse, and physical therapy which she did not find helpful. She sees a psychologist for her depression. Pursuant to clinical note dated November 14, 2014, the IW complains of back pain and neck pain. She reports constant neck pain, headaches, and muscle spasms across her neck and shoulders. She reports her back pain radiates to the back of her legs. Neck pain is rated 9/10, back pain is rated 8/10, at best 4/10, and without medications 10/10. She takes Opana 10mg twice a day, and sometimes uses Opana IR for breakthrough pain. She reports she has tried other narcotics, none of them worked well. She has had multiple side effects and allergies to prior narcotics. She reports Opana works best for keeping her functional. She reports 50% reduction in pain and 50% functional improvement with activities of daily living with medication versus not taking medication. Examination of the cervical spine reveals limited range of motion (ROM) in all planes. Cervical compression causes neck pain. Palpation reveals muscle rigidity in the cervical spine suggesting muscle spasm with loss of cervical lordotic curvature. Motor strength, sensation, and deep tendon reflexes are grossly intact in the upper extremities. Lower back examination reveals decreased ROM in all planes. Motor strength, sensation, and

deep tendon reflexes are grossly intact in the lower extremities. Examination of the bilateral shoulders reveals tenderness over the subacromions. ROM is limited infrapatellar. There is mild crepitus on circumduction passively of the shoulder with positive impingement signs. Current medications include Opana IR 10mg, Opana ER 10mg, Zanaflex 4mg, Lunesta 2mg, Neurontin 300mg and Xanax 0.5mg. The IW has been taking Opana since at least May 27, 2014, according to a progress note with the same date. There were no detailed pain assessments in the medical record. Although there was documentation of subjective improvement associated with the use of Opana, there was no evidence of objective functional improvement associated with the ongoing use of Opana. The May 2014 note, and the November 2014 note were the only 2 progress reports in the 36 pg. medical record available for review. The treatment plan includes medication refills. The treating physician indicates the IW is under a narcotic contract with the office and urine drug screens are appropriate. She will continue a self-exercise regimen. The current request is for Opana ER 10mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana ER 10MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management and Opana ER Page(s): 110 and 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Opana ER 10 mg #60 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increase level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's working diagnoses are cervical sprain/strain with severe spondylosis; lumbar sprain/strain with lumbar degenerative disc disease; bilateral shoulder sprain/strain with chronic tendinopathy; history of reactive depression due to industrial onset with anxiety disorder. There are two progress notes in the medical record: one dated May 2014 and the other dated November 2014. The injured worker was using Opana ER as far back as May 2014. This was a refill. The documentation is unclear as to the exact start date. Notably, the injured worker takes Opana IR and Opana ER in addition to, Zanaflex and Lunesta. The documentation does not contain evidence of objective functional improvement. The injured worker's response Opana ER is unclear other than she takes it regularly and the injured worker states it helps. There is no hardcopy documentation in the medical record of a pain contract. Consequently, absent documentation supporting the ongoing long term use of Opana ER (in conjunction with Opana IR) without evidence of objective functional improvement, Opana ER 10 mg #60 is not medically necessary.