

Case Number:	CM14-0214101		
Date Assigned:	12/31/2014	Date of Injury:	02/06/2012
Decision Date:	03/06/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/22/2014

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 36-year-old male with date of injury of 02/06/2012. The listed diagnoses from 10/13/2014 are: 1. Spinal stenosis. 2. Left lumbar radiculopathy. 3. Narcotic dependency. According to this report, the patient complains of low back pain with left leg radiating symptoms. He rates his pain 8/10. The pain is increased with any prolonged sitting, standing, walking, or bending. He reports difficulties with activities of daily living including sleep and sexual dysfunction. Examination shows the patient is able to walk on toes and heels with increased back pain. His gait is non-antalgic. There is diffused muscle guarding and tenderness in the lumbar spine. Sciatic notch tenderness, Lasegue sign, and bowstring sign are positive on the left. Straight leg raise is positive bilaterally. There is pain on flexion and extension of the lumbar spine. Dense hypoesthesia in the left L4-S1 dermatome. Lower extremity motor testing is decreased on the left. Treatment reports from 08/23/2012 to 12/31/2014 were provided for review. The utilization review partially certified Opana ER 20 mg quantity 30 for weaning purposes on 11/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana ER 20mg quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): (s) 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids. On-going management. Medication for chronic pain Page(s): 88, 89, 7.

Decision rationale: This patient presents with low back pain and left leg radicular symptoms. The treater is requesting Opana ER 20 Mg Quantity 60. For chronic opiate use, the MTUS guidelines page 88 and 89 on criteria for use of opioids states, "pain should be assessed at each visit, and functioning should be measured at six-month intervals using a numerical scale or validated instrument." MTUS page 78 On-Going Management also require documentation of the 4A's including analgesia, ADLs, adverse side effects, and aberrant drug seeking 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 medications to work, and duration of pain relief. The records show that the patient was prescribed Opana ER on 10/13/2014. It appears that the treater discontinued Norco and OxyContin and replaced it with Opana ER. The 10/27/2014 report notes, "He reports that Opana ER is helpful for his ongoing pain, but even with the medication, his pain remains, stopping him from doing activities." The 11/17/2014 report notes that the patient is taking naproxen and Opana, and the patient reports that Opana makes him sleepy. None of the reports provide before-and-after pain scales to show analgesia. No specifics regarding ADLs were noted. No change in work status or return to work to show significant functional improvement. While the treater notes sleepiness as one of the side effects, there is no discussion about aberrant drug-seeking behavior such as a urine drug screen and a CURES report. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, the patient should now be slowly weaned as outlined in the MTUS Guidelines. The request is not medically necessary.