MAXIMUS Federal Services

Case Number:	CM14-0217992		
Date Assigned:	01/07/2015	Date of Injury:	05/08/2006
Decision Date:	03/05/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	12/30/2014

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:

This 51 year old female sustained a work related injury on 05/08/2006. According to an Agreed Medical Evaluation on 02/07/2008, the claimant was injured when she fell out of a tree while trying to clear toilet paper, while working as a [redacted]. She broke her pelvis in three places and had a severe fracture/dislocation of the right elbow with nerve damage. She had two surgeries to the right elbow and an open reduction internal fixation for the fractured pelvis. According to a progress report dated 10/07/2014, the injured worker complained of low back pain. Pain was moderate-severe. The problem was fluctuating and occurred persistently. Pain radiated to the right arm and left foot. Pain was described as deep, discomforting and localized. Pain was rated a 7 on a scale of 0-10 without medications and a 3 with medications. In the last month, on average, pain was rated a 9. The injured worker recorded how much pain had interfered with her daily activities using a scale from 0-10 where 0 was no interference and 10 was unable to carry on any activities, in the last month, at a level of 9. Current medications included lorazepam, dextroamphetamine, temazepam, Lamictal, Geodon, Opana ER, Lyrica and Voltaren topical gel. Assessment included low back pain, pain in joint involving forearm chronic, radiculopathy thoracic or lumbosacral chronic, myalgia and myositis unspecified chronic, sacroiliitis chronic, spondylosis lumbar without myelopathy chronic, COAT and facet arthropathy chronic. According to the provider the injured worker had a flare up of her right lateral epicondyle tendonitis, associated with significant elbow pathology. Lyrica continued to help her elbow radial neuropathy and Opana continued to reduce her overall pain from 7 to 2 on a scale of 0-10. Work status was permanent and stationary. According to a progress report dated

12/05/2014, the injured worker complained of pain in the lower back and left elbow. Pain was rated an 8 without medications and a 4 with medications. Interference with daily activities from pain was rated a 3 on a scale of 0-10 over the last month where 0 is no interference and 10 was unable to carry on any activities. Current medications included lorazepam, dextroamphetamine, temazepam, Lamictal, Geodon, Voltaren topical gel, Lyrica and Opana ER. On 12/19/2014, Utilization Review modified 1 prescription of Opana ER 30mg #60 that was requested in the report dated 12/05/2014. According to the Utilization Review physician, there was no evidence of functional improvement with continued use. The pain continued to interfere with the injured worker's ability to perform house hold chores and she was not able to work or volunteer. Additional, guidelines recommend discontinuation with evidence of aberrant drug taking behavior. The urine drug screen collected on 10/02/2014 was positive for amphetamines. Guidelines cited for this review included Chronic Pain Medical Treatment Guidelines Opioids. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana ER 30mg quantity 60: Overturned

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 current medication list shows that that patient had been prescribed dextroamphetamine 10mg tabs. This request is for continued use of Opana ER 30mg, #60 MTUS Chronic Pain Medical Treatment Guidelines, page(s) 88-89 criteria for use of opioids for Long-term Users of Opioids (6-months or more) 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 states a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The physician reports that with the use of Opana, the patient has decreased pain levels by 50% from 8/10 down to 4/10 or better, and has improved function with activities outside the home, and improved quality of life. The continued use of Opana appears to be in direct accordance with the MTUS guidelines. The request for Opana ER 30mg, quantity: 60, is medically necessary.