

Case Number:	CM15-0006460		
Date Assigned:	01/21/2015	Date of Injury:	11/15/1995
Decision Date:	03/18/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/12/2015

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: Emergency 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:

This injured worker is a 67 year old female, who sustained an industrial injury on November 15, 1995. The injured worker has reported low back pain and right leg pain. The diagnoses have included chronic pain, lumbar degenerative disc disease, lumbar radiculopathy and lumbar stenosis. Treatment to date has included pain medication, injections, chiropractic treatment, physical therapy, a home exercise program and an MRI of the lumbar spine. MRI of the lumbar spine revealed advanced spondylosis of the lumbar two through lumbar four levels. Current documentation dated December 11, 2014 notes that the injured worker reported chronic lumbosacral pain. The pain was rated a six to eight out of ten on the Visual Analogue Scale. She was noted to be functioning, driving and getting around. Physical examination revealed a forward flexed posture and she was noted to have some radicular complaints into the bilateral lower extremities. On December 24, 2014 Utilization Review modified a request for Opana ER 30 mg # 60 and Opana IR 5 mg # 180 for weaning purposes. The Official Disability Guidelines were cited. On January 2, 2105, the injured worker submitted an application for IMR for review of Opana ER 30 mg # 60 and Opana IR 5 mg # 180.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana ER 30mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - OPANA

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain; Opioids, dosing Page(s): 80-82; 86-87.

Decision rationale: Opana ER is an extended release formulation of oxymorphone, an opioid that is used to treat chronic pain. The morphine equivalent dose factor is 3 to 1. The injured worker is using 30mg BID, for a total of 60mg of the extended release formulation. This is equivalent to 180mg of morphine daily, and this does not include the amount that the injured worker uses in the immediate release formulation. The MTUS guidelines suggest the maximum daily dose of morphine for chronic pain should usually be 120mg. For the treatment of chronic back pain, opioids appear to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. There is no evidence to recommend one opioid over another. In patients taking opioids for back pain, the prevalence of lifetime substance use disorders has ranged from 36% to 56% (a statistic limited by poor study design). Limited information indicated that up to one-fourth of patients who receive opioids exhibit aberrant medication-taking behavior. It is now suggested that rather than simply focus on pain severity, improvements in a wide range of outcomes should be evaluated, including measures of functioning, appropriate medication use, and side effects. Measures of pain assessment that allow for evaluation of the efficacy of opioids and whether their use should be maintained include the following: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. A recent epidemiologic study found that opioid treatment for chronic non-malignant pain did not seem to fulfill any of key outcome goals including pain relief, improved quality of life, and/or improved functional capacity. The injured worker continues to report a high level of pain despite utilizing a dose of opioids that exceeds the maximum recommended daily dosage. This suggests that alternative therapy may be prudent, and that weaning from opioids is likely in the injured worker's best interest. The request as written for Opana ER 30 mg #60 is not supported by the MTUS guidelines, and is therefore not medically necessary.

Opana IR 5mg #180: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter (OPANA)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain; Opioids, dosing Page(s): 80-82; 86-87.

Decision rationale: Opana IR is an immediate release formulation of oxymorphone, an opioid that is used to treat chronic pain. The morphine equivalent dose factor is 3 to 1. The injured

worker is also using Opana ER 30mg BID, and the morphine equivalent dose far exceeds the maximum daily dose recommended by the MTUS for chronic pain, which is 120mg. For the treatment of chronic back pain, opioids appear to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. There is no evidence to recommend one opioid over another. In patients taking opioids for back pain, the prevalence of lifetime substance use disorders has ranged from 36% to 56% (a statistic limited by poor study design). Limited information indicated that up to one-fourth of patients who receive opioids exhibit aberrant medication-taking behavior. It is now suggested that rather than simply focus on pain severity, improvements in a wide range of outcomes should be evaluated, including measures of functioning, appropriate medication use, and side effects. Measures of pain assessment that allow for evaluation of the efficacy of opioids and whether their use should be maintained include the following: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. A recent epidemiologic study found that opioid treatment for chronic non-malignant pain did not seem to fulfill any of key outcome goals including pain relief, improved quality of life, and/or improved functional capacity. The injured worker continues to report a high level of pain despite utilizing a dose of opioids that exceeds the maximum recommended daily dosage. This suggests that alternative therapy may be prudent, and that weaning from opioids is likely in the injured worker's best interest. The request as written for Opana ER 30 mg #60 is not supported by the MTUS guidelines, and is therefore not medically necessary.