

Case Number:	CM15-0011878		
Date Assigned:	01/23/2015	Date of Injury:	03/10/2001
Decision Date:	03/24/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/20/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 63 year old male sustained an industrial injury on 3/10/01, with subsequent ongoing low back pain. Magnetic resonance imaging lumbar spine (1/28/14) showed multilevel degenerative disc disease with mild disc bulge and spinal stenosis. In a progress note dated 12/30/14, the injured worker reported that his pain had been bearable with the reduction of pain medication and good tolerance to Opana ER, though he had some loose stool. The opioid medication was changed from MS ER to Opana ER. The injured worker still reported low back pain but had decent mobility with current medications. The injured worker reported that the pain was out of control with walking but bearable upon rest. Physical exam was remarkable for antalgic gait, tenderness to palpation and spasm to the lumbar spine, increased pain with range of motion, range of motion to lumbar spine was decreased. The sensory and motor testing was reported as normal. The injured worker could not walk on toes or heels, stand up from sitting without assistance or squat half way down. Current diagnoses included lumbar disc degenerative disease status post laminectomy, lumbar myofascial pain and lumbosacral radiculopathy. The treatment plan included continuing Opana 30mg and Baclofen 10mg, discontinuing Amitriptyline and using shoes with good shock absorption. On 1/8/15, Utilization Review noncertified a request for Opana ER 30mg #60 citing CA MTUS Chronic Pain Medical Treatment Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

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: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 42-43, 74-96, 124. Decision based on Non-MTUS Citation Pain Chapter Opioids

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for short term treatment during exacerbation of severe musculoskeletal pain that did not respond to standard treatments with NSAIDs and PT. The chronic use of opioids can be associated with the development of tolerance, hyperalgesia, dependency, sedation, addiction and averse interaction with sedatives. The records did not show that treatment with NSAIDs, other co-analgesics and PT have failed. The Amitriptyline was discontinued but no other antidepressant with analgesic action was added. The objective findings are not consistent with exacerbation of severe musculoskeletal pain. There is lack of documentation of guidelines required compliance monitoring measures such as functional restoration, serial UDS, absence of aberrant behavior and adverse effects. The criteria for the use of Opana ER 30mg #60 was not met.