

Case Number:	CM15-0014469		
Date Assigned:	02/02/2015	Date of Injury:	02/19/2007
Decision Date:	03/27/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	01/26/2015

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, Hawaii
 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 injured worker (IW) is a 62 year old male who sustained an industrial injury on 02/19/2007. He has reported chronic low back pain due to pathological vertebral fracture. Diagnoses include pathologic fracture of vertebrae and lumbago. Treatments to date include medication management and administration of Opana 10 mg, one every 6 hours for breakthrough control, Opana ER 20 mg every 12 hours for pain, and Ibuprofen 800 mg three times daily as needed. In a progress note dated 12/01/2014 the treating provider reports functional range of movement and strength of lower extremities with intact sensation to light touch equal and bilaterally. The back has limited range of movement all directions. The IW is non tender to palpation along spinous process in the lumbar region and in the left gluteal region of myofascial tissue. The plan is to continue prior medications. On 01/09/2015 Utilization Review modified a request for Opana 10mg #20 to Opana 10mg #10 between 01/05/2015 and 03/08/2015 noting that Opana was a second line therapy for long acting opioids, but it does not appear to have any clear benefit over other agents. A modification was made in order to allow weaning from the medication. The MTUS Chronic Pain, Opioids was cited

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana 10mg #20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-89.

Decision rationale: The patient presents with chronic low back pain due to pathological vertebral fracture. The current request is for Opana 10mg #20. Opana (oxymorphone) is an opioid pain medication. The UR found the request not medically necessary and modified the request to allow for weaning. The treating physician states on 12/1/14 (B87) that the patient ?has tried other opiates in the past, which caused metal side effects. The only medication that has worked for his pain without side effects is Opana, which allows him to be more functional and to do his home exercise program.? MTUS supports the usage of Oxymorphone (Opana). For chronic opiate use, MTUS Guidelines state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and aberrant 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 medication to work and duration of pain relief. In this case, there is no discussion regarding analgesia, ADLs, or aberrant behaviors. Additionally, there is no documentation of a pain assessment or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS guidelines require much more thorough documentation for ongoing opioid usage. The current request is not medically necessary and the patient should be slowly weaned per MTUS guidelines. Recommendation is for denial.