MAXIMUS Federal Services

Case Number:	CM15-0018863		
Date Assigned:	02/06/2015	Date of Injury:	08/05/1998
Decision Date:	03/31/2015	UR Denial Date:	01/02/2015
Priority:	Standard	Application Received:	02/02/2015

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: 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 is a 61 year old female, who sustained an industrial injury on 8/5/1998. On 2/2/15, the injured worker submitted an application for IMR for review of Opana 40mg, #90. The treating provider has reported the injured worker complained of chronic cervical, lumbar and left foot pain. The injured worker is at the office for medication refills. The diagnoses have included sciatica, displacement of lumbar intervertebral disc without myelopathy, foot pain, joint pain in ankle and foot. Treatment to date has included MRI cervical spine (9/2/14), epidural steroid injections (no date). On 1/2/15 Utilization Review MODIFIED a Opana 40mg, #90 TO #60 for a 30 day period. The MTUS Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana 40mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; On-going Management Page(s): 74-97; 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: Per the 10/22/14 report the patient presents with cervical pain and flare up of left foot pain. The current request is for OPANA 40 mg, #90 Oxymorphone, an opioid. The RFA is not included. The reports do not state if the patient is working.MTUS Guidelines pages 88 and 89 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 page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse 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. The reports provided state that the patient has been prescribed this medication for many years and it provides the patient with both analgesic and functional benefit. However, the MTUS guidelines require much more thorough documentation of analgesia with before and after pain scales with opioid usage. Pain is not routinely assessed through the use of pain scales or a validated instrument. No specific ADL's are mentioned to show a change with use of this medication. Opiate management issues are not addressed. No UDS's are discussed or included for review. Adverse side effects and adverse behavior are not discussed. There is no mention of CURES. The 4A's have not been documented as required by the MTUS guidelines. The request IS NOT medically necessary.