MAXIMUS Federal Services

Case Number:	CM15-0110294		
Date Assigned:	06/19/2015	Date of Injury:	01/20/1995
Decision Date:	07/29/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/08/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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:

The injured worker is a 67 year old female, who sustained an industrial injury on 01/20/1995. The initial diagnoses or complaints at time of injury were not clearly noted. On provider visit dated 12/16/2014 was noted to decipher, the injured worker has reported right foot fracture and lower back pain. Objective was noted to have no side effects. Otherwise limited information was noted. The diagnoses have included back pain. Treatment to date has included medication. The provider requested Opana ER tab 40 mg, Opana ER tab 20mg and Oxymorphone tab HCL.

IMR ISSUES, DECISIONS AND RATIONALES

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

Med Opana ER tab 40mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic trial of Opioids Page(s): 76-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86.

Decision rationale: The claimant has a remote history of a work injury occurring at January 1995 and continues to be treated for chronic back pain after lumbar spine surgery. Medications are referenced as decreasing pain from 8/10 to 3/10 with improved activities of daily living. When seen, she was having ongoing difficulty sleeping. No physical examination findings were reported. Medications include Opana ER and oxymorphone at a total MED (morphine equivalent dose) of over 500 mg per day. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is more than 4 times that recommended. Although the claimant has chronic pain and the use of opioid medication may be appropriate, there are no unique features of this case that would support dosing at this level. Ongoing prescribing of Opana ER at this dose was not medically necessary. (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86

Opana ER tab 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic trial of Opioids Page(s): 76-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86.

Decision rationale: The claimant has a remote history of a work injury occurring at January 1995 and continues to be treated for chronic back pain after lumbar spine surgery. Medications are referenced as decreasing pain from 8/10 to 3/10 with improved activities of daily living. When seen, she was having ongoing difficulty sleeping. No physical examination findings were reported. Medications include Opana ER and oxymorphone at a total MED (morphine equivalent dose) of over 500 mg per day. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is more than 4 times that recommended. Although the claimant has chronic pain and the use of opioid medication may be appropriate, there are no unique features of this case that would support dosing at this level. Ongoing prescribing of Opana ER at this dose was not medically necessary. (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86

Oxymorphone tab HCL 10mg #210: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic trial of Opioids Page(s): 76-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86.

Decision rationale: The claimant has a remote history of a work injury occurring at January 1995 and continues to be treated for chronic back pain after lumbar spine surgery. Medications are referenced as decreasing pain from 8/10 to 3/10 with improved activities of daily living. When seen, she was having ongoing difficulty sleeping. No physical examination findings were

reported. Medications include Opana ER and oxymorphone at a total MED (morphine equivalent dose) of over 500 mg per day. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is more than 4 times that recommended. Although the claimant has chronic pain and the use of opioid medication may be appropriate, there are no unique features of this case that would support dosing at this level. Ongoing prescribing of oxymorphone at this dose was not medically necessary.