

Case Number:	CM15-0118237		
Date Assigned:	06/26/2015	Date of Injury:	09/24/1997
Decision Date:	08/05/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	06/18/2015

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 65 year old male injured worker suffered an industrial injury on 9/24/1997. The diagnoses included carpal tunnel syndrome, back pain, lumbar stenosis. The diagnostics included lumbar magnetic resonance imaging. The injured worker had been treated with medications and TENS unit. On 6/2/2015 the treating provider reported he had been without Opana ER for over a month due to denial and had been using Oxymorphone 10mg. He had more spasms in the back and legs at night due to increased pain. He had poor sleep for 3 to 4 weeks as well. He had shorter duration sitting, standing or walking before needing to lay down. He stated he had become more depressed due to significant increase in pain. He was using a cane for assistance with mobility and used a walker is the pain was severe. Overall, with all his medications he had about 60% to 70 % pain reduction and was able to do more activities including to doctor appointments, walking longer and do more activities at home. The pain was rated 7 to 7.5/10 in the low back. His condition was severe. The bilateral low back pain radiated to the lower extremities and foot pain associated with muscle spasms in the back, shoulder and right forearm. There also was pain in the left elbow. There was numbness and tingling in the buttocks and lower extremities, myofascial tenderness to the low back and positive straight leg raise. The treatment plan included Opana 10mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana 10mg, #150 (2 prescriptions): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The patient presents with bilateral low back pain radiating to the lower extremities and foot pain associated with muscle spasms in the back, shoulder, and right forearm plus pain in the left elbow as well as numbness and tingling in the buttocks and lower extremities, myofascial tenderness to the low back and positive straight leg raise. The current request is for Opana 10mg, #150 (2 prescriptions). The treating physician states, in a report dated 06/02/15, "He has been without Opana ER for over one month due to denial. He has been using oxymorphone 10mg. He has had more spasm in back and legs at night due to increased pain. He has had poor sleep for 3-4 weeks as well. He had shorter duration sitting, standing or walking before needing to lay down. He states that he is becoming more depressed due to his significant increase in pain." (61B) MTUS pages 88, 89 states "document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). MTUS further discusses under "outcome measures," documentation of average pain level, time it takes for medication to work, duration of relief with medication, etc. are required. In this case, the treating physician has documented the following, "Functional Benefit: Overall, with all his medications, has about 60-70% pain reduction and able to do more activities, including driving to doctor appts, walking longer, and do more activities at home. Pain Description: Rates 7-7.5/10 on the VAS. Low back pain. Symptom is active. Pain is described as stabbing, electric, burning, throbbing for approximately 16years. Severity of condition is severe. It is aggravated by physical activity, including walking, bending, prolonged sitting, though sometimes increases with no trigger, and relieved by rest and medication. Pattern of condition is persistent and occurs in constant course. Location of symptom is Bilateral LS that radiates, lower extremity and foot pain. Associated with muscle spasms in his bilateral back, shoulder and right forearm. He has Left elbow pain from epicondylitis. He reports 20% overall improvement since beginning treatment with our office, including all modalities and procedures. 6 A's: 06/02/15 Analgesia: Opana 10mg provides + analgesia, long acting and for breakthrough pain. 10mg tab onset 15 min, lasting about 2-2.5 hrs. 30% relief. Activities of daily living: maintained with limitations, but increased with medications. Able to walk about 5, 10 minutes within his home before pain. Adverse effects: Constipation is controlled with Senna S. Aberrant behaviors: None. Compliant and takes meds as directed. Affect appropriate. Last UDS: 04/07/2015 and was positively appropriate. CURES: last reviewed 03/05/15; was appropriate. OMA - 417/15 ORT 1 LOW RISK." The above documentation fulfills all of the MTUS guidelines. The current request is medically necessary.