

Case Number:	CM15-0174451		
Date Assigned:	09/16/2015	Date of Injury:	12/06/2002
Decision Date:	10/21/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/04/2015

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, California

Certification(s)/Specialty: Family Practice

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 is a 60 year old male patient, who sustained an industrial injury on 12-06-2002. The diagnoses include status post left heel reconstruction, on 01-03-2003; status post left ankle fusion, in 04-2004; status post left ankle arthroscopic surgery, in 07-2011; status post arthroscopy, left shoulder with SAD (subacromial decompression), extensive debridement of anterior and superior labral tears and partial rotator cuff tear, on 09-12-2012; status post left lateral epicondyle release, on 08-11-2014; and status post spinal cord stimulator permanent implant, on 03-20-2014. Per the doctor's note dated 9/2/15, he had complaints of pain in the right shoulder, right wrist and left ankle/foot. Per the progress report from the treating physician, dated 07-29-2015, he had complaints of ongoing difficulty with pain in the left shoulder, left elbow, and the left foot at a 9 out of 10 in intensity, but reduced to a 6 out of 10 in intensity with use of his medications. He was wearing a boot on the left foot. He has undergone three surgeries to his left ankle and heel, including a left heel reconstruction and fusion of the left ankle joint, as well as arthroscopic surgeries to his left shoulder and left elbow; and despite a significant amount of conservative and surgical treatment, he continues to suffer from intractable pain in his upper and lower extremities. The physical examination revealed awake, alert, and oriented; in no acute distress; and ambulates with a slow, antalgic gait with the use of a single-point cane. The medications list includes Oxycontin, Norco, Opana, Opana ER, Lidoderm Patch, Gabapentin, and Ibuprofen. Treatment to date has included medications, diagnostics, AFO (ankle foot orthosis), IF (interferential) unit, physical therapy, spinal cord stimulator, and surgical interventions. He has had urine drug screen on 6/5/15 with consistent findings. The treatment

plan has included the request for Opana 10 mg #30; and Opana ER 30mg #60. The original utilization review, dated 08-25-2015, non-certified a request for Opana 10 mg #30; and Opana ER 30mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana 10 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids (Classification).

Decision rationale: Opana 10 mg #30. Opana ER contains oxymorphone. Oxymorphone is an opioid analgesic. According to CA MTUS guidelines, "Opioid analgesics are a class of drugs (e.g., morphine, codeine, and methadone) that have a primary indication to relieve symptoms related to pain. Opioid drugs are available in various dosage forms and strengths. They are considered the most powerful class of analgesics that may be used to manage chronic pain." Patient had chronic pain in the right shoulder, right wrist and left ankle/foot. He has undergone multiple surgeries. There was objective evidence of conditions that can cause chronic pain with episodic exacerbations. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." A simultaneous request for opana ER 30 mg was placed which is being deemed medically necessary. His medication list includes the opioids-oxycotin, norco and opana ER. The amount of pain relief with these medications but without the requested opana 10 mg, is not specified in the records provided. The rationale for the need for an additional opioid medication is not specified in the records provided. The medical necessity of Opana 10 mg #30 is not established for this patient, based on the clinical information submitted for this review and the peer reviewed guidelines referenced. If this medication is discontinued, the medication should be tapered, according to the discretion of the treating provider, to prevent withdrawal symptoms.

Opana ER 30 mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, criteria for use.

Decision rationale: Opana ER 30 mg #60. Opana ER contains oxymorphone. Oxymorphone is an opioid analgesic. According to CA MTUS guidelines, "Opioid analgesics are a class of

drugs (e.g., morphine, codeine, and methadone) that have a primary indication to relieve symptoms related to pain. Opioid drugs are available in various dosage forms and strengths. They are considered the most powerful class of analgesics that may be used to manage chronic pain." Per the cited guidelines "Long-acting opioids: also known as controlled-release, extended-release, sustained-release or long-acting opioids, are a highly potent form of opiate analgesic. The proposed advantage of long-acting opioids is that they stabilize medication levels, and provide around-the-clock analgesia. Long-acting opioids include: Morphine (MSContin, Oramorph SR, Kadian, Avinza), Oxycodone (Oxycontin), Fentanyl (Duragesic Patch), Hydromorphone (Palladone)." Patient had chronic pain in the right shoulder, right wrist and left ankle/foot. He has undergone multiple surgeries. There was significant objective evidence of conditions that can cause chronic pain with episodic exacerbations. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." Pain was relieved with medications. The patient is also trying non-opioids means of pain control by taking gabapentin and ibuprofen. He has had urine drug screen on 6/5/15 with consistent findings. Therefore, based on the clinical information obtained for this review the request for Opana ER 30 mg #60 is deemed medically appropriate and necessary for this patient at this time.