

Case Number:	CM15-0025862		
Date Assigned:	02/18/2015	Date of Injury:	07/21/2003
Decision Date:	04/02/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	02/11/2015

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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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:

The injured worker is a 54-year-old male, who sustained an industrial injury on July 21, 2003. The injured worker has complaints of low back pain, spasms in his back, shooting pain in both his legs, and numbness in his legs. The documentation noted that he has shooting pain down both his legs, straight leg raise is provocative for low back pain, and radicular pain down legs bilaterally. The diagnoses have included lumbar radiculopathy, lumbar spondylosis, lumbar myofascial pain, and depression. The documentation noted on 12/16/14 on an urgent trigger point injections was performed. The documentation noted that the beneficiary had a trigger point injection performed a couple months prior that helped 50% for approximately four weeks following the procedure. According to the utilization review performed on 1/13/15, the requested Opana IR 10 mg #90 has been non-certified. The utilization review noted that the Official Disability Guidelines state that Opana is not recommended due to oxymorphone products not appearing to have any clear benefit over other agents and have disadvantages related to dose timing (taking the IR formulation with food can lead to overdose). The documentation noted that due to numerous previous modifications to allow for weaning, no further allowances are needed at this time. CA Chronic Pain Medical Treatment Guidelines (May 2009) were used in the utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana IR 10mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxymorphone (Opana).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

Decision rationale: The injured worker (IW) has had a history of chronic lumbar radiculopathy and lower extremity pain status post spinal cord stimulator removal. The cited MTUS guidelines recommend short acting opioids, for the control of chronic pain, and may be used for neuropathic pain that has not responded to first-line medications. The MTUS also states there should be documentation of the 4 A's, which includes analgesia, adverse side effects, aberrant drug taking behaviors, and activities of daily living. The IW's records have included documentation of the pain with and without medication, no significant adverse effects, pain contract on file, urine drug testing, objective functional improvement, and other first-line pain medications to include Neurontin. Of primary importance is an appropriate time frame for follow-up to reassess the 4 A's, which has been every one to two months, and in addition, the IW is followed by mental health services. Medical records from both the pain specialist and orthopedic surgeon state the IW needs to continue opioids following his spinal cord stimulator removal due to increased pain and reduced function when not on opioids. Weaning of opioid should be routinely reassessed and initiated as soon as indicated by the treatment guidelines. Based on the available medical information, Opana IR 10 mg #90 is medically necessary and appropriate for ongoing pain management.