

Case Number:	CM15-0068456		
Date Assigned:	04/16/2015	Date of Injury:	07/09/2012
Decision Date:	05/18/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	04/10/2015

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 30-year-old male with an industrial injury dated July 9, 2012. The injured worker diagnoses include herniated nucleus pulposus, lumbar status post-surgery on 11/8/2012, left sided sciatica, reactive depression (situational), insomnia secondary to situational depression, low back pain, chronic pain syndrome of back & left leg and lumbar radiculopathy. He has been treated with diagnostic studies, prescribed medications and periodic follow up visits. According to the progress note dated 3/30/2015, the injured worker reported low back and left leg pain. The injured worker rated his pain as a 9/10 without medication and a 7/10 with medication. Objective findings revealed tenderness over the paraspinals, limited flexion and extension and positive straight leg raises on the left. The treating physician prescribed Opana ER (extended release), 7.5mg and Opana 5mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana ER (extended release), 7.5mg, #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

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

Decision rationale: Based on the 03/30/15 progress report provided by treating physician, the patient presents with low back and leg pain. The request is for OPANA ER (EXTENDED RELEASE) 7.5MG, #30. Patient is status post lumbar surgery 11/08/12. Patient's diagnosis per Request for Authorization form dated 03/31/15 includes chronic pain syndrome. Diagnosis on 03/30/15 included herniated nucleus pulposus, left sided sciatica, and lumbar radiculopathy. Patient's medications include Opana, Naprosyn, Cymbalta, Norvasc, Zanaflex, Singulair, Prilosec, Bentyl, and Ventolin. Patient continues with home exercise program and H-wave. The patient is working full-duty, per 03/30/15 treater report. Regarding chronic opiate use, MTUS guidelines page 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 4A's, 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. MTUS p77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." Opana has been included in patient's medications per treater reports dated 10/01/14, 01/06/15, and 03/30/15. Per progress report dated 03/30/15, treater states "medications continue to be helpful to decrease pain and increase function. Without the pain medications, the pain levels are very high and [the patient] is not able to do all of his full work duties." Per progress report dated 02/03/15, pain is rated 3/10 with and 7/10 without medications. Urine drug screen dated 02/03/15 revealed consistent results. The patient is taking "opiate medication appropriately and not taking any illicit substances... CURES reports have all been consistent and are checked frequently." Treater continues to state the patient "will continue on the current regimen, which he is able to tolerate better than previous regimens and he is able to do is full job duties during an 8 hour shift." In this case, the 4A's have been addressed, adequate documentation has been provided including numeric scales and functional measures that show significant improvement. The request appears to be in accordance with guidelines. Therefore, this request IS medically necessary.

Opana 5mg, #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Opioids for chronic pain Page(s): 80.

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

Decision rationale: Based on the 03/30/15 progress report provided by treating physician, the patient presents with low back and leg pain. The request is for OPANA 5MG #60. Patient is status post lumbar surgery 11/08/12. Patient's diagnosis per Request for Authorization form dated 03/31/15 includes chronic pain syndrome. Diagnosis on 03/30/15 included herniated nucleus pulposus, left sided sciatica, and lumbar radiculopathy. Patient's medications include Opana, Naprosyn, Cymbalta, Norvasc, Zanaflex, Singulair, Prilosec, Bentyl, and Ventolin.

Patient continues with home exercise program and H-wave. The patient is working full-duty, per 03/30/15 treater report. Regarding chronic opiate use, MTUS guidelines page 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 4A's, 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. MTUS p77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." Opana has been included in patient's medications per treater reports dated 10/01/14, 01/06/15, and 03/30/15. Per progress report dated 03/30/15, treater states "medications continue to be helpful to decrease pain and increase function. Without the pain medications, the pain levels are very high and [the patient] is not able to do all of his full work duties." Per progress report dated 02/03/15, pain is rated 3/10 with and 7/10 without medications. Urine drug screen dated 02/03/15 revealed consistent results. The patient is taking "opiate medication appropriately and not taking any illicit substances... CURES reports have all been consistent and are checked frequently." Treater continues to state the patient "will continue on the current regimen, which he is able to tolerate better than previous regimens and he is able to do his full job duties during an 8 hour shift." In this case, the 4A's have been addressed, adequate documentation has been provided including numeric scales and functional measures that show significant improvement. The request appears to be in accordance with guidelines. Therefore, this request IS medically necessary.