

Case Number:	CM15-0076386		
Date Assigned:	04/28/2015	Date of Injury:	05/30/1989
Decision Date:	05/28/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	04/21/2015

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: Ohio, West Virginia

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

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 66 year old female, who sustained an industrial injury on 5/30/89. She reported pain in her lower back related to cumulative trauma. The injured worker was diagnosed as having low back pain and stiffness without radicular pain and failed back syndrome secondary to laminectomy. Treatment to date has included sacroiliac joint injections, physical therapy and oral pain medications. As of the PR2 dated 4/6/15, the injured worker reports 4/10 pain in her lower back. She was taking Norco for pain, which brought her pain down to 2-3/10 and allowed her to complete housework. The Norco is no longer being authorized and her level of functioning has decreased due to pain. The treating physician noted tenderness in the lower lumbar area and pain with flexion. The treating physician requested a trial of Opana ER 5mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana ER 5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Lumbar & Thoracic (Acute & Chronic) and Pain, Opioids.

Decision rationale: Opana is a trade name version of oxymorphone, which is a pure opioid agonist. ODG does not recommend the use of opioids for low back pain except for short use for severe cases, not to exceed 2 weeks. The patient has exceeded the 2 week recommended treatment length for opioid usage through the earlier extended period of Norco usage as well as current tramadol usage. MTUS does not discourage use of opioids past 2 weeks, but does state that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The treating physician notes that the IW was previously using norco and is now taking tramadol does not fully document the least reported pain over the period since last assessment, intensity of pain, pain relief, increased level of function, or improved quality of life with current regimen. As such the request for Opana 5mg #80 is deemed not medically necessary.