

Case Number:	CM14-0141487		
Date Assigned:	09/10/2014	Date of Injury:	04/21/2011
Decision Date:	10/17/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/02/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 51-year-old who sustained an injury on April 21, 2011 when he was stuck in an area of mud and while attempting to free himself he developed popping sensations in the low back and hip. The injured worker has been followed for ongoing chronic complaints of severe hip pain to the right side. This is status post arthroscopic surgery completed in October of 2012 with no substantial improvement postoperatively. The injured worker had been receiving medications from a single practitioner. No substantial side effects from medications were reported. The clinical documentation did note an instance of early completion of prescribed medications in June of 2014 for which the injured worker had no specific explanation for. Otherwise, no aberrant medication use was reported. No compliance measures such as urine drug screen reports were provided for review. The clinical report from August 12, 2014 noted that the injured worker had been paying for medications out of pocket. The injured worker was utilizing Percocet 10/325mg up to 6 per day as well as Morphine 15mg twice daily. Other medications included Neurontin, Ambien and Colace. The injured worker's physical examination findings were not specific and reported no change from previous evaluations. The injured worker was recommended to trial Opana ER 15mg twice daily. The requested Opana ER 15mg twice daily was denied by utilization review on August 25, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana ER 15mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

Decision rationale: Based on review of the clinical documentation submitted, the injured worker is currently utilizing Percocet 10/325mg at a rate of 6 per day. The use of Oxycodone itself has the injured worker at 90 morphine equivalent dosage (MED) per day. Opana or Oxymorphone at 30mg per day would increase the injured worker's total MED to 180mg. This exceeds the maximum amount of narcotics to be taken in 1 day recommended by guidelines. Although the injured worker's documented improvement with narcotic medications is noted and there are no indications for any aberrant medication use, the amount of narcotics being recommended for this injured worker would exceed guideline recommendations. Therefore, the request for Opana ER 15 mg is not medically necessary or appropriate.