

Case Number:	CM13-0007699		
Date Assigned:	10/11/2013	Date of Injury:	02/19/2007
Decision Date:	01/22/2014	UR Denial Date:	07/19/2013
Priority:	Standard	Application Received:	08/05/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California. 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 physician 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 patient is a 52-year-old male with a reported date of injury on 02/19/2007. The patient had diagnoses including pathologic fracture of vertebrae and lumbago. The physician's treatment plan included a request for Opana 10mg #42 and Skelaxin 800mg #90. The requesting physician did not submit a current clinical note containing an assessment of the patient's current objective functional condition.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana 10mg #42: Upheld

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

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

Decision rationale: The California Chronic Pain Medical Treatment guidelines recommend that patients utilizing opioid medication should obtain prescriptions from a single practitioner, that medications should be taken as directed, and that all prescriptions should come from a single pharmacy. Providers should prescribe the lowest possible dose that can be prescribed to improve pain and function. Providers should conduct ongoing reviews with documentation of pain relief,

functional status, appropriate medication use, and side effects. Pain assessments should include: current pain; the least reported pain over the period since the 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. Information from family members or other caregivers should be considered in determining the patient's response to treatment. A letter was included in the clinical documentation, indicating the patient was able to complete activities of daily living with his medication as his pain was controlled. It was noted, without the medication, he was not able to function. However, within the provided documentation, the requesting physician did not include a recent clinical note including a full assessment of the patient's current objective functional condition as well as a complete and thorough pain assessment. Therefore, the request for Opana 10mg #42 is neither medically necessary nor appropriate.

Skelaxin 800mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: