

Case Number:	CM13-0008563		
Date Assigned:	12/04/2013	Date of Injury:	11/10/2006
Decision Date:	02/24/2014	UR Denial Date:	07/25/2013
Priority:	Standard	Application Received:	08/08/2013

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 Family Practice 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 51-year-old female who reported an injury on 11/10/2006. The mechanism of injury information was not provided in the medical record. The patient's diagnoses included intractable shoulder pain and cervical facet syndrome. Review of the medical record, clinical note dated 01/15/2014, revealed that the patient complained of neck and shoulder pain constantly. The patient stated that the pain was worse on the right side. Objective findings noted that range of motion of the cervical spine was decreased and painful in both the anterior and posterior laterally. Motor function of the upper extremities was noted as 4/5 on the right, and 5/5 on the left. Pain was noted on palpation to the right shoulder. It is noted that on 01/15/2014, the patient received an injection to her right shoulder without complications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana IR 10mg 1 tab every 6 hours PRN for pain NTC 3/day #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 92.

Decision rationale: Per California MTUS Guidelines the requested medication, Opana IR, is not intended for "PRN" or "as needed" use. The medical record information provided does not provide a mechanism of injury that would require long term opioid therapy. It was also noted that NSAIDs had fewer effects than narcotic analgesics. The medical records document chronic right shoulder pain. Opioids are mostly used for acute pain, not chronic pain, and should be tapered over time. There is no documentation provided in the medical record of the patient having any failed attempts at the use of NSAIDs or any non-narcotic pain medication prior to attempting to use the requested medication. The clinical information provided in the medical record does not support the necessity for the requested medication, Opana, at this time. Therefore, the request for Opana IR 10 mg 1 tablet every 6 hours as needed for pain 90 tablets is non-certified.