

Case Number:	CM13-0024587		
Date Assigned:	11/20/2013	Date of Injury:	02/16/2004
Decision Date:	01/09/2014	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	09/16/2013

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 Physical Medicine and Rehabilitation 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 46-year-old male with a reported date of injury on 02/16/2004; the mechanism of injury was a twisting injury. The patient had cervical spine pain in the right upper extremity and right posterior shoulder rated 7/10 and pain to the muscular area around the scar from his spinal cord stimulator placement in the mid-thoracic back. The patient reported muscle tightness and pain around the scar, decreased muscle mass and muscle tone, a positive straight leg raise bilaterally, facet tenderness over the left cervical spine involving the mid and upper cervical facets, decreased sensation along the left cervical paravertebral muscles and upper left trapezius, decreased sensation in the L5 distribution on the left, and diminished motor strength in the left lower extremity. The patient's range of motion was full, the patient had normal strength in all upper extremity muscle groups, and a negative Spurling's sign. The patient had diagnoses including chronic pain syndrome; disc displacement with radiculitis - lumbar; lumbar and lumbosacral fusion, posterior technique; cervical spondylosis without myelopathy; insomnia due to medical condition classified elsewhere; diabetes mellitus without mention of complication , type II or unspecified type, not stated at uncontrolled; abdominal pain, left lower quadrant; and abdominal pain, generalized. The provider's treatment plan had included a request for 1 prescription of Opana 10 mg, quantity 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana 10mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009)..

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

Decision rationale: The California MTUS guidelines recommend patients utilizing opioid medication should obtain prescriptions from a single practitioner, medications should be taken as directed, and all prescriptions should come from a single pharmacy. Providers should prescribe the lowest possible dose and should be prescribed to improve pain and function. Provider should conduct ongoing review with 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. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The provider noted the employee's medications were helping them to stay active and the employee reported 7/10 pain. The employee was noted to be not using recreational drugs, and there was no history of drug or alcohol or prescription abuse in the past. Within the provided documentation, the requesting physician did not include an adequate assessment of the employee's pain, including the least pain reported over the period since last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Additionally, the requesting physician did not include adequate documentation of significant satisfactory response to treatment as indicated by the employee's decreased pain, increased level of function, or improved quality of life. The request for Opana 10 mg, quantity 30 are not medically necessary and appropriate.