

Case Number:	CM13-0031232		
Date Assigned:	12/04/2013	Date of Injury:	10/15/2009
Decision Date:	02/18/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/02/2013

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 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 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 60-year-old male who reported an injury on 10/15/2009. The mechanism of injury was not provided for review. The patient developed chronic low back pain and knee pain. The patient underwent 2 surgeries for the knee. The patient's chronic pain was managed with physical therapy and medications. The patient was regularly monitored with a urine drug screen. The patient's most recent clinical examination reveals spinal vertebral tenderness of the L4 through the S1 levels with myofascial tenderness noted upon palpation and decreased range of motion of the left knee with medial joint line tenderness. The patient's diagnoses included lumbar radiculitis, osteoarthritis, opioid dependency, bilateral knee pain, chronic pain, status post bilateral knee surgery, hepatitis C, and status post total knee arthroplasty. The patient's treatment plan included continuation of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana ER 20mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Opioids, criteria for use Page(s): s 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Opioids On-Going Management Page(s): 78.

Decision rationale: The clinical documentation submitted for review does provide evidence that the patient has significant pain complaints that would benefit from medication management. The California Medical Treatment Utilization Schedule (MTUS) recommends the ongoing use of opioids in the management of a patient's chronic pain be supported by significant functional benefit, significant pain relief, manage side effects, and monitoring for aberrant behavior. The clinical documentation submitted for review does provide evidence that the patient has functional benefit and is monitored by aberrant behavior. However, the clinical documentation submitted for review does not provide any evidence of a significant reduction in pain as it is related to medication usage. The clinical note in 07/2013 stated that the patient's pain with medications was a 9/10 and without medications a 10/10. This would not be considered a significant reduction. Additionally, the patient's most recent clinical chart note dated 08/13/2013 indicated that the patient's pain levels with medications was a 6/10 to 7/10 and an 8/10 without medications. The clinical documentation submitted for review does not support that the patient's pain levels are adequately controlled and continued use of these medications would not be supported. As such, the requested Opana ER 20 mg #60 is not medically necessary or appropriate.