

Case Number:	CM13-0031355		
Date Assigned:	12/04/2013	Date of Injury:	11/02/1999
Decision Date:	01/24/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	10/04/2013

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 Occupational 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.

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 53-year old female with a DOI of 11/2/99. PTP report on 8/19/13 reveals patient was complaining of bilateral upper and lower extremity as well as right knee pain. Patient has been treated with PT, Acupuncture and Tens with minimal relief. She has also been treated with spinal cord stimulator and lumbar sympathetic blocks. She has had arthroscopic right knee surgery and lumbar fusion surgery. Her current medications include Celebrex, Lyrica, Cymbalta, Soma, Serouel, Tramadol, Nucynta and thyroid as well as cholesterol meds. Examination reveals antalgic gait with tenderness and decreased ranges of motion of the right knee with hypersensitivity in the right lower extremity. Her diagnosis is complex regional pain syndrome of the right lower extremity and upper extremities. She has depression and insomnia. The request if for Opana ER 10mg 1 Q12h.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana ER 10mg 1 Q12h: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41 AND 80.

Decision rationale: CA MTUS discusses CRPS treatment in the chronic pain guides page 41. This patient was on nucynta on 6/20/13 by a pain management specialist. On report dated

8/19/2013, the medication was changed to opana ER with no discussion or reason for the change. The treating provider did change as it appears treaters were changed. On September 16, the opana was discontinued and nucynta was started again. MTUS supports the use of long acting opioids for treatment of CRPS, however, since the medication has been changed back to nucynta, the opana is not medically necessary