

Case Number:	CM13-0036757		
Date Assigned:	12/13/2013	Date of Injury:	11/29/2000
Decision Date:	04/23/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/22/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Internal Medicine, has a subspecialty in Pulmonary Diseases 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 expert 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 61-year-old male who reported an injury on 11/29/2000. The mechanism of injury was not provided in the medical records. The 11/2013 progress note reported the patient felt his current medications were effective for pain control and managing his depression. He rated his pain as a 2/10 with medications, enabling to walk half a mile, sit/stand 1 hour, lift 30 pounds to his waist, complete ADLs, and care for his girlfriend. On examination, the note reported he transferred and ambulated with difficulty and guarding. Range of motion, to the back, was 90 degrees upon flexion and 0 degrees on extension, with pain. The note stated he had good lower extremity range of motion and strength and tenderness in the mid lower back region.

IMR ISSUES, DECISIONS AND RATIONALES

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

OPANA ER 20MG Q12 #60: 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: CA MTUS states ongoing monitoring of chronic pain patients on opioids must include documentation of pain relief, lack of side effects and misuse, and functional

improvements. The note states the patient has subjective improvements and decreased pain; however, ongoing objective measurements for pain, strength, and range of motion were not provided. Additionally, evidence for lack of side effects and misuse, via a drug screen, were not provided. The documentation does not meet guidelines, at this time. As such, the request is non-certified