

Case Number:	CM13-0051645		
Date Assigned:	12/27/2013	Date of Injury:	05/16/2009
Decision Date:	06/04/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/14/2013

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 Anesthesiology, has a subspecialty in Pain Medicine 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 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 39 year old male injured on 05/16/09 when he was involved in a motor vehicle collision resulting in multiple fractures and burns to approximately 75-80% of his body. Current diagnoses included chronic pain syndrome, narcotic dependence, and chronic pain related to insomnia/anxiety/depression. Clinical documentation indicated the patient complaining of whole body aching and headaches and reported increased pain due to damp weather. The patient reported 50% pain relief with Opana ER; however was not currently receiving Opana IR per the 10/28/13 clinical documentation. The patient rated his pain at 5-9/10 with medications and 10/10 without. Current medications included clonazepam 1mg BID, fluroflex, Opana 40mg BID, Opana IR 2mg Q6 hours, lyrica 150mg TID.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF OPANA 40MG, #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid, Criteria For Use Page(s): 77.

Decision rationale: Based on review of the clinical documentation submitted, there is sufficient documentation to substantiate the medical necessity of this medication. As noted in the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. The clinical documentation indicates the patient reports a 50% decrease in pain symptoms as a result of pain medications. The patient suffered burns to approximately 75-80% of his body, this will require ongoing pain management. As the clinical documentation provided for review supports an appropriate evaluation for the continued use of narcotics as well as establishes the efficacy of narcotics, Prospective Request For 1 Prescription Of Opana 40mg, #60 is recommended as medically necessary at this time.

1 PRESCRIPTION OF OPANA IR 2MG, #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria For Use Page(s): 77.

Decision rationale: Based on review of the clinical documentation submitted, there is sufficient documentation to substantiate the medical necessity of this medication. As noted in the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. The clinical documentation indicates the patient reports a 50% decrease in pain symptoms as a result of pain medications. The patient suffered burns to approximately 75-80% of his body, this will require ongoing pain management. As the clinical documentation provided for review supports an appropriate evaluation for the continued use of narcotics as well as establishes the efficacy of narcotics, Prospective Request For 1 Prescription Of Opana IR 2mg, #120 is recommended as medically necessary at this time.