

Case Number:	CM13-0055762		
Date Assigned:	12/30/2013	Date of Injury:	06/01/2005
Decision Date:	03/31/2014	UR Denial Date:	11/09/2013
Priority:	Standard	Application Received:	11/21/2013

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 41-year-old male who reported an injury on 06/01/2005. The note dated 10/25/2013 indicated the patient reported having increasing pain. The patient reported the average pain was 6/10. The patient reported that his activity level had remained the same and that he was using an exercise ball daily as well as taking his medications as prescribed. The patient reported that the medications were less effective. There were no side effects reported and no medication abuse suspected. It is noted that quality of life had improved since the last visit. The medications included Norco 10/325 mg twice daily, Butrans 10 mcg/hour patch once weekly, Flector 1.3% adhesive patch every 12 hours, and Neurontin 300 mg daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decision for Opana ER 10mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Opioids.

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

Decision rationale: The request for Opana ER 10 mg is non-certified. The California MTUS Guidelines state that 4 domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. The records provided for review failed to include Opana ER 10 mg as part of the patient's medication regimen. Furthermore, the records provided for review failed to include documentation of measurable pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. As such, the request for Opana ER 10 mg is not supported. Therefore, the request for Opana ER 10mg is not medically necessary and appropriate.