

Case Number:	CM13-0060845		
Date Assigned:	01/03/2014	Date of Injury:	02/17/2006
Decision Date:	04/15/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	12/03/2013

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 and Pain Management and is licensed to practice in Florida. 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 54-year-old male that reported an injury on February 17, 2006. The mechanism of injury was reported as back pain that started while carrying gutters. Medications listed on the Prilosec 20mg, Opana ER 20mg, Lidoderm 5% adhesive patch, and Percocet 10mg/325mg. The surgical history, therapies and other studies were not included in the medical paper work provided. The objective assessment noted that the patient slowly transferred secondary to pain with sit to stand, and that the patients gait was antalgic favoring the left extremity. Pain during palpation was noted over the left lumbar paraspinal muscles, the left facet joint and midline lumbar region. Range of motion was noted at 90 degrees with lumbar flexion, a 15-degree extension, 30 degrees left lateral rotation, and 30 degrees right lateral rotation. Light touch and pain sensation deficit noted in the left L5 distribution. The patient had difficulty with heel/toe walking due to pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

OPANA ER 30MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80, 86, 90.

Decision rationale: According to the California MTUS Guidelines, it is recommended that dosing for Opana ER not to exceed 120mg oral morphine equivalents per day. The clinical note states that the patient was prescribed Opana ER, 30mg tablets, to take one (1) tablet every 12 hours and Percocet, 10/325mg tablets, one (1) tablet 3-4 times a day. Opana's morphine equivalent is 180mg per day with Percocet equivalents' being 60mg a day, which comes to 240mg per day, which is 120mg over the 120mg allowed per day. The patient reports that he has increased pain due to the cold weather even though he is doing his home exercise daily. Due to the morphine dosage allowed daily by guidelines, the request is non-certified.