

Case Number:	CM13-0069828		
Date Assigned:	01/03/2014	Date of Injury:	12/04/2003
Decision Date:	04/23/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	12/23/2013

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 and 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 51-year-old with diagnosis of spinal stenosis in cervical region, degeneration of cervical intervertebral disc. The patient was seen on September 5, 2013 follow-up visit on her cervical neck pain. The patient noted that pain level is 4/10, aching, stabbing, and shocking. The pain radiated bilaterally to her upper extremities causing tingling in bilateral fingers. The pain is aggravated by physical activity with cold weather, sitting, driving, and walking. The patient notes that she is working and is doing warehouse work and it is getting harder to do. The pain is relieved by heat and cold and medication. The patient is working full time, not on disability. On examination, the patient denies any side effects from the medication. The patient is able to stay active with activities of daily living, self care, full time work, gardening, hiking with coworkers once a month. Physician noted the patient is stable on current medication and has been able to maintain function especially with activities of daily living.

IMR ISSUES, DECISIONS AND RATIONALES

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

OPANA ER 5 MG, 120 COUNT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 81-93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Page(s): 78.

Decision rationale: The patient is a 51-year-old with diagnosis of spinal stenosis in cervical region, degeneration of cervical intervertebral disc. On the office note of September 5, 2013 states, the patient is working full time without any restrictions, able to do activities of daily living, gardening, hiking with coworkers once a month. The patient denies any side effects to medications at this time. Medications listed that the patient current is on as of this appointment date is amlodipine 10 mg daily, dicyclomine 2 mg once every four hours as needed, ibuprofen 800 mg once every eight hours, Percocet 10/325 mg take two pills by mouth every six hours for one month, ProAir HFA 90 mcg/inh inhalation aerosol with adaptor as needed, Provigil 200 mg, one tablet daily. The patient stated pain level at this appointment was 4/10, pain is aching, stabbing, and shocking. The pain does radiate down bilateral upper extremities causing tingling in bilateral fingers. Physician states the patient has been stable on current medication regimen, has been able to maintain function, especially with activities of daily living. California guidelines do note for opioids ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Documentation provided does note this in the September 5, 2013 office visit. The request was for Opana ER 5 mg 120 count. There does not seem to be notations of this medication in the documentation provided for review. There is no documentation that the patient has been on this or taking this medication, and/or if this medication has been effective for the patient. The request for Opana ER 5 mg, 120 count, is not medically necessary or appropriate.