

Case Number:	CM14-0000180		
Date Assigned:	01/10/2014	Date of Injury:	03/10/2011
Decision Date:	05/29/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/31/2013

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 Physical Medicine and Rehabilitation, 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:

This 57 year-old male carpenter sustained an injury on 3/10/11 when he fell off a ladder and down a flight of stairs while employed by [REDACTED]. Initial diagnoses included leftsided rib fractures with pneumothorax, left shoulder contusion, and right eye retinal tear. Comorbid medical conditions include hypertension, generalized anxiety disorder, insomnia, hepatitis C, brain surgery in 1991 for ventricular cyst, and a morphine allergy. He is status post cataract surgery and intraocular lens prosthesis. Medications include Opana and Norco with weaning attempted. A left shoulder MRI on 10/25/12 showed very mild infraspinatus tendinosis and minimal degenerative bone spurring without rotator cuff tear. EMG/NCS done on 1/26/12 showed moderate ulnar neuropathy at cubital tunnel. An MRI of the cervical spine on 11/23/11 showed mild multi-level spondylosis, degenerative disc disease with moderate right foraminal Final Determination Letter for IMR Case Number CM14-0000180 3 encroachment at C5-6 due to disc osteophyte complex, and Luschka joint disease with small disc protrusion at C3-4 and C6-7. A report from the provider dated 11/12/13 noted the patient to be with continued pain in neck, shoulder, thoracic, and low back with diffusely tender cervical spine. Current diagnoses include thoracic strain/sprain/radiculopathy, costovertebral osteoarthritis, cervical mechanical pain, shoulder sprain/strain/capsulitis, and chronic low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 OPANA ER 10 MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96.

Decision rationale: Per the MTUS Chronic Pain Medical Treatment Guidelines, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment. The use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in work status. There is no evidence presented of random drug testing or utilization of a pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. As such, the request is not medically necessary.