

Case Number:	CM14-0013447		
Date Assigned:	02/26/2014	Date of Injury:	10/03/2000
Decision Date:	07/24/2014	UR Denial Date:	01/20/2014
Priority:	Standard	Application Received:	02/03/2014

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 Management and is licensed to practice in Tennessee. 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 is a female patient with a 10/3/00 date of injury. She injured herself when she fell after her chair moved out from underneath her. A 12/30/13 progress report indicated that the patient rated her pain as 8/10 on the visual analog scale. Her pain has been increased since the last office visit. It was noted that Exalgo was not effective for pain. She was prescribed MS IR 30 mg, which worked in 30 minutes, gave her 60% relief and lasted 3-4 hours. Objective findings demonstrated right knee tenderness on anserine bursa and painful movement in flexion and extension. On 12/30/13 it was noted that Exalgo was not effective and the provider started Opana ER. She had a urine drug test on 9/20/13, which was positive for Exalgo and Morphine Sulfate IR. She was diagnosed with Knee pain, chronic pain due to trauma, limb pain, and joint pain. Treatment to date: medication management. There is documentation of a previous 1/20/14 adverse determination, based on the fact that California Medical Treatment Utilization Schedule (MTUS) Guidelines did not support Opana ER.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF OPANA ER 15MG, 1 TABLET EVERY 12 HOURS, #60:

Overtured

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78-81.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. It was noted that it was a new prescription for Opana ER. It is noted that she has a pain contract, has no adverse side effects and shows no signs of addiction. She is monitored with urine drug screens. Therefore, the request for prescription of Opana ER 15 mg, 1 tablet every 12 hours, #60 was medically necessary.