MAXIMUS Federal Services

Case Number:	CM14-0018086		
Date Assigned:	04/16/2014	Date of Injury:	08/31/2004
Decision Date:	06/02/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/12/2014

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 Physical Medicine & Rehabilitation 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 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 injured worker is a 61 year old female with a reported date of injury on 09/31/2004. The latest clinical note dated 01/27/2014 noted the injured worker reported a pain rating with medication as 8/10 and without her medication a 10+/10. The clinical note dated 05/03/2013 reported Opana ER and Opana IR therapy was started during that visit. The last drug screen submitted was dated 10/03/2013 and reported consistent findings to confirm medication therapy prescribed at that time. Listed diagnoses within the clinical note dated 01/27/2014 included lumbar radiculopathy, chronic pain syndrome, chronic pain induced insomnia, myofascial syndrome, neuropathic pain, prescription narcotic dependence, chronic pain depression, and tension headaches

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF OPANA IR 10MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-80.

Decision rationale: The injured worker during the latest clinical visit reported a pain rating of 8/10 with medication and a 10+/10 without medication. The MTUS Chronic Pain Guidelines note four 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. Furthermore, it appears to be efficacious but limited for short-term pain relief, and longterm efficacy is unclear (>16 weeks), but also appears limited. The MTUS Chronic Pain Guidelines note failure to respond to a timelimited course of Opioids has led to the suggestion of reassement and consideration of alternative therapy. The injured worker has shown compliance with regular drug screening; however, her level of pain relief did not appear to be significant. There was a lack of documented significant functional improvement with the medication. The requesting physician did not include a complete assessment of the injured workers pain. Thus, the request is not medically necessary and appropriate.