

Case Number:	CM14-0139839		
Date Assigned:	09/08/2014	Date of Injury:	07/06/1999
Decision Date:	10/29/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	08/28/2014

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 and Rehabilitation and Pain Medicine 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 53 year old female who was injured on 07/06/99 resulting in chronic low back pain. The mechanism of injury is not documented in the clinical notes submitted for review. The injured worker had multiple lumbar surgery procedures, managed with multiple medications including both immediate and extended release narcotics such as Opana. The clinical note dated 08/17/14 indicated the injured worker came for evaluation of her chronic low back pain. The injured worker reported that she was undergoing pool therapy when she felt dizzy getting out of the pool and felt a pop in her right knee. The injured worker rates her pain level as 4-5/10 with medications and up to 7-8/10 without medications, and episodes of 10+/10 with severe exacerbations. Physical examination revealed tenderness of the cervical paraspinal musculature extending into the trapezius muscles. There was tenderness in the mid-thoracic region and lower lumbar region. Range of motion is limited. Further examination was deferred due to the injured worker being in a wheelchair and all activities are seemingly aggravating her condition. Current diagnoses include chronic low back pain with MRI evidence of multi-level lumbar disc protrusion, degenerative disc disease, and central and neuroforaminal stenosis, bilateral lower extremity radiculopathy confirmed by EMG, right knee internal derangement, right shoulder pain due to a fall, major depressive disorder, generalized anxiety disorder, post-traumatic stress disorder, rule out somatization disorder. Ongoing medications include Opana ER, Opana IR 5mg, Topamax 50mg, Zanaflex 4mg, Effexor XR 75mg, and Axert 12.5mg. The previous request for Opana IR 5mg tab #30, 1 tab QD for 30 days, 0 refills was non-certified on 08/22/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana IR 5 mg tabs #30; 1 tab PO QD 30 day fill 0 refill for pain of lumbar spine, right shoulder and right knee as an outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, PAIN (CHRONIC)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids, Page(s): 77.

Decision rationale: There is only one clinical note provided for review limiting the ability to assess the patient's clinical status and substantiate the medical necessity of the requested medication. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. There is no recent opioid risk assessments regarding possible dependence or diversion available for review. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of Opana IR 5 mg tab #30, 1 tab QD 30 day, 0 refill for pain cannot be established.