

Case Number:	CM14-0144032		
Date Assigned:	09/12/2014	Date of Injury:	06/24/2002
Decision Date:	11/05/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	09/05/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 63 year old female who reported an injury on 06/24/2002 due to an unspecified mechanism of injury. Her diagnoses included degenerative lumbar/lumbosacral IV (intervertebral) disc and lumbosacral spondylosis. Her past treatments included medications such as opiates and patches, and aquatic therapy. A urine test was completed on 04/03/2014, with no suspicious findings. On 08/22/2014, the injured worker complained of low back pain, occasional pain/numbness radiating down to the lower extremity, rated at 4.5/10. On examination, the injured worker had a positive Gaenslen's test on the right side. Her current medications were Opana ER, Opana IR, Baclofen, Celebrex, and Lidoderm patches. The treatment plan was to continue Opana ER, Celebrex and Baclofen and discontinue use of the Lidoderm patch. A request was received for the continued use of Opana ER 10 mg #30, Celebrex 200 mg #30, and Opana ER 20 mg #30. The rationale for the requested medications was so the injured worker could "function and have some quality of life". The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana ER 10mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 68,78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management Page(s): 78.

Decision rationale: The request for Opana ER 10mg, #30 is not medically necessary. According to the California MTUS Guidelines, the ongoing management of patients taking opioid medications requires detailed documentation showing pain relief, functional status, adverse side effects and appropriate medication use. The clinical information submitted for review failed to provide a detailed pain assessment showing objective evidence of efficacy in terms of quantifiable pain relief and functional improvement with the use of Opana ER. In addition, the documentation failed to address aberrant drug-taking behaviors. In the absence of this information, the ongoing use of this medication is not supported by the guidelines. Moreover, the request failed to indicate the frequency of the requested medication. For the above reasons, the request is not medically necessary.

Celebrex 200mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 68,78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

Decision rationale: The request for Celebrex 200mg, #30 is not medically necessary. The California MTUS guidelines recommend NSAIDS at the lowest possible dose for the shortest period of time in patients with moderate to severe osteoarthritis pain. The submitted documentation states that the injured worker failed prior NSAIDs, and is taking Celebrex and Baclofen for muscle spasms and to improve sleep. Celebrex is recommended for relief of the signs and symptoms of osteoarthritis, rheumatoid arthritis, [and] ankylosing spondylitis. There is no evidence of this injured worker having the above diagnoses. Additionally, the request, as submitted, did not specify a frequency of use. Therefore, the request is not medically necessary.

Opana ER 20mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 68,78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management Page(s): 78.

Decision rationale: The request for Opana ER 20mg, #30 is not medically necessary. According to the California MTUS Guidelines, the ongoing management of patients taking opioid medications requires detailed documentation showing pain relief, functional status, adverse side effects and appropriate medication use. The clinical information submitted for review failed to provide a detailed pain assessment showing objective evidence of efficacy in terms of quantifiable pain relief and functional improvement with the use of Opana ER. In addition, the

documentation failed to address aberrant drug-taking behaviors. In the absence of this information, the ongoing use of this medication is not supported by the guidelines. Moreover, the request failed to indicate the frequency of the requested medication. For the above reasons, the request is not medically necessary.