

Case Number:	CM14-0153708		
Date Assigned:	09/23/2014	Date of Injury:	09/10/1996
Decision Date:	10/24/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/19/2014

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 52-year-old female with a reported date of injury on 09/01/1996. The mechanism of injury was not noted in the records. The diagnoses included severe fatigue, severe carpal tunnel syndrome, and RSD. The past treatments included pain medication and physical therapy. There was no relevant diagnostic testing included in the notes. There was no relevant surgical history noted in the notes. It should be noted that the clinical note on 05/06/2014 is handwritten and very hard to decipher. The subjective complaints on 05/06/2014 included aching and stabbing pain all over, and injured worker rates her pain without medications 10/10. The physical exam findings include decrease range of motion to the left wrist. The medications included Opana 10 mg, Vyvanse 50 mg, clonidine 0.1 mg, Zoloft 50 mg, and Robaxin 750 mg. The treatment plan was to continue the medication and refill them. A request was received for Opana IR 10 mg #180. The rationale for the request was to relieve pain. The Request For Authorization form was dated 05/06/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana IR 10 Mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Criteria for Use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-78.

Decision rationale: The request for Opana IR 10 mg #180 is not medically necessary. The California MTUS Guidelines state 4 domains have been proposed as most relevant for monitoring of chronic pain patients on opioids. These include pain relief, side effects, physical and psychosocial functioning, and occurrence of any potential aberrant drug related behaviors. The injured worker has chronic pain. There was not adequate documentation in the clinical notes submitted of quantified numerical pain relief before and after medication, side effects, or physical and psychosocial functioning. The request as submitted did not provide a medication frequency. As adequate documentation was not submitted of quantified numerical pain relief, side effects, and physical and psychosocial functioning, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.