

Case Number:	CM14-0170873		
Date Assigned:	10/23/2014	Date of Injury:	09/04/2000
Decision Date:	11/21/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/16/2014

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 Rehabilitation & Pain Management has a subspecialty in Interventional Spine and is licensed to practice in California. 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 patient is a 55-year-old female with an injury date of 09/04/2000. According to the 03/05/2014 progress report, the patient presents with lumbar spine pain and lower extremity pain. The 05/09/2014 report indicates that the patient's pain has worsened by 40%. She describes her pain as being shooting, throbbing, aching, sharp, and piercing. The 05/07/2014 report states that the patient continues to have lumbar spine pain. The patient's diagnoses include the following: 1. Other chronic pain. 2. Chronic pain syndrome. 3. Displacement disk site uns without myelopathy. 4. Degenerative lumbar/lumbosacral intervertebral disk. 5. Other unspecified disorders of back. 6. Pain in thoracic spine. 7. Lumbago. 8. Thor/lumbosacral neuritis/radiculitis uns. 9. Disorders of coccyx. The utilization review determination being challenged is dated 09/18/2014. Treatment reports were provided from 03/05/2014, 05/09/2014, and 05/07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana 10 MG Tablets Qty: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine Page(s): 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 88-89, 78.

Decision rationale: Based on the 05/07/2014 progress report, the patient complains of having lumbar spine pain. The request is for Opana 10 mg tablets, quantity 30. The patient has been taking Opana as early as 03/05/2014 for severe breakthrough pain. The patient apparently had a urine drug screen on 03/05/2014; however, no discussion was provided in regards to the findings of the UDS. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. MTUS page 78 also requires documentations of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the treater does not discuss any adverse side effects, adverse behavior, changes in ADLs, or provide any pain scales. The results of the urine drug screens were not discussed. Due to lack of documentation, the request is not medically necessary. In this case, the treater does not discuss any adverse side effects, adverse behavior, changes in ADLs, or provide any pain scales. The results of the urine drug screens were not discussed. Due to lack of documentation, recommendation is for denial.