

Case Number:	CM14-0178275		
Date Assigned:	10/31/2014	Date of Injury:	03/26/2001
Decision Date:	12/08/2014	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	10/27/2014

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 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 53-year-old female who reported an injury on 03/26/2001. Reportedly, the injured worker sustained injury to her neck, lower back, left knee, and left hip when she struck a railing on the moving sidewalk in the [REDACTED]. The injured worker's treatment history included medications, TENS unit, chiropractic treatment, and Bengay. The injured worker was evaluated on 08/20/2014 and it was documented that the injured worker had no improvement significantly in her condition. Medications included tramadol and Biofreeze. Physical examination was not done on this day of visit. Diagnoses included cervicalgia. Request for Authorization was not submitted for this review. The request for Opana ER tab 5 mg, #180 is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana ER tab 5 mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Web edition

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

Decision rationale: The request for Opana ER tab 5 mg # 180 is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) Guidelines state that criteria for use for ongoing management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There was lack of evidence of opioid medication management and average pain, intensity of pain, or longevity of pain relief. In addition, there lack of evidence of outcome measurements of conservative care such as home exercise regimen outcome improvements noted for the injured worker. The documentation submitted for review indicated the injured worker was utilizing Oxycodone with a positive a urine drug screen submitted to indicate opioids compliance for the injured worker; however there was not a copy of the opioid compliance agreement. Additionally, the request submitted failed to indicate frequency and duration of medication. The provider failed to indicate functional improvement while on medication.