

Case Number:	CM14-0181965		
Date Assigned:	11/06/2014	Date of Injury:	01/22/2003
Decision Date:	12/12/2014	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/03/2014

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 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 injured worker is a 63-year-old female who reported an injury on 01/22/2003. The injured worker sustained injuries when a child grabbed her left arm from behind, pulling the left arm backwards abruptly. She sustained injuries to her neck, upper back, lower back, and left shoulder. The injured worker's treatment history included urine drug screen, medications, psychological therapy treatment, and MRI studies. The injured worker was evaluated on 10/08/2014 and it was documented that the injured worker complained of pain. Her problem was severe. The symptoms were fluctuating. The location of pain was in her bilateral head and bilateral scalp bilateral anterior neck, and bilateral posterior neck, left shoulder, and left arm. The injured worker described the pain as aching, discomforting, dull, piercing, and sharp. Aggravating factors included coughing, defecation, flexion, lifting, prolonged sitting, pushing, sneezing, twisting, walking, changing positions, daily activities, and rolling over in bed. Relieving factors included narcotic analgesics and rest. The injured worker stated without medication, her pain was a 10/10 and with medication it was a 3/10. The provider noted that with medication, the injured worker struggled but fulfills daily home responsibilities. However was unable to do outside activities or work/volunteer. Without medications, the injured worker is able to do simple chores around the house. Minimal activities outside of the home 2 days a week. The physical examination of the neck revealed normal effort. It was noted in all 4 extremities that there was normal gait. The cervical spine range of motion noted lateral flexion on the right was 25 degrees, on the left was 25 degrees, extension was 30 degrees, flexion was 45 degrees, rotation on the left was 65 degrees, and rotation on the right was 80 degrees. Medications included Trental 400 mg, Opana 10 mg, OxyContin 20 mg, and Lexapro 10 mg. The patient had a urine drug screen on 10/08/2014 that was positive for oxycodone. The documents submitted for review indicated the injured worker condition deteriorated so much

over the summer months due to medication denials that greatly aggravated her anger, resentment, and sense of helplessness and this accounts for her deterioration in her overall level of functioning. Diagnoses included adjustment disorder with anxiety, chronic pain syndrome, neck pain (chronic), COAT, pain in thoracic spine (chronic), cervical spondylosis with myelopathy (chronic), and degenerative disc disease - cervical (chronic). The Request for Authorization was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 1 prescription of Opana 10mg, #6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Opana ER

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Opioids, Psychological intervention; Opioids, pain treatment agreements.

Decision rationale: The request for Opana 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. The injured worker has been on opioids approximately since 2012. The guidelines state that a consultation with a multidisciplinary pain clinic are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. It also states consider a psych consult if there is evidence of depression, anxiety and irritability. Consider an additional medicine consult if there is evidence of substance abuse. Although the injured worker is being seen by pain management it was documented the injured worker condition deteriorated so much over the summer months due to medication denials that greatly aggravated her anger, resentment, and sense of helplessness and this accounts for her deterioration in her overall level of functioning. There was no consultation from psych regarding her aggravated anger and resentment regarding the denial of her medications. The guidelines also recommends an opioids, pain agreement to be signed and dated and placed in the patient's chart. In addition, the request does not include the frequency or duration of medication. Moreover, there was no documented evidence of conservative care, such as home exercise regimen outcome improvements, noted for the injured worker. The request for prospective 1 prescription of Opana 10mg, #6 is not medically necessary.