

Case Number:	CM14-0021874		
Date Assigned:	04/30/2014	Date of Injury:	05/16/2009
Decision Date:	07/08/2014	UR Denial Date:	01/20/2014
Priority:	Standard	Application Received:	02/19/2014

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 Occupational 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 patient is a 39-year-old male who was injured on 05/16/2009. The mechanism of injury is unknown. Prior treatment history has included Opana ER and IR; Gabadone, Theramine; Trepadone; MS-Contin; Tylenol #4; Lyrica; and Pennsaid. PR2 dated 04/2014 reports the patient complains of very dry skin. The patient states that he is getting tears on his inner thighs, the back of the legs and his back just from walking. He reports the ointments he was given does not work. He rates his pain as 6/10; without medications, his pain is 10/10 and with pain medications, his pain is 6/10. The patient has been diagnosed with status post motor vehicle accident (MVA), burn 70-79% of body surface, chronic pain syndrome, prescription narcotic dependence, chronic pain related insomnia, chronic pain related anxiety, and chronic pain related depression. The plan includes a change in the patient's Opana ER 40 mg to one 3 times a day with instructions to return to clinic (R.T.C). PR2 dated 03/27/2014 indicates the patient reports his medications are working well. There are no new symptoms or new pain. The Lyrica gives him better than 75% relief of his neuropathic pain. The patient is requesting a refill of his medications. He rated his pain as 5/10 with medication and 10/10 without medication. There is no objective exam for review. It is noted the patient had a urine drug screen(UDS) performed on 02/06/2014 which was positive for Pregabalin, Oxymorphone; negative for Clonazepam. The patient reported he has not been sleeping very well at night. He gets about two hours of sleep on and off. He was asking if he could have something for helping to sleep. At his last visit, he was given medical food, but he is not taking as directed. He was instructed on the proper way to take it and expressed his understanding. Prior UR dated 01/21/2014 states the request for Opana 40 mg #60 is certified with one prescription for Opana ER 40 mg #10; and remaining #50 are non-certified as this is the weaning protocol.

IMR ISSUES, DECISIONS AND RATIONALES

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

OPANA ER 40MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-96.

Decision rationale: According to MTUS guidelines, opioids should be discontinued if there is no improvement in function. The patient is a 39-year-old male injured on 5/16/09 diagnosed with chronic pain and narcotic dependence. While there is documented pain reduction due to opioid use, medical records fail to document clinically significant improvement in function with regard to activities of daily living (ADL's) or work restrictions. There has been no reduction in dependency on medical care. Medical necessity is not established.