

<b>Case Number:</b>	CM14-0023778		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	06/13/2000
<b>Decision Date:</b>	07/17/2014	<b>UR Denial Date:</b>	02/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2014

### 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 56-year-old female who reported an injury on 06/13/2000. The mechanism of injury was not provided for review. Diagnoses included chronic regional pain syndrome, thoracic outlet syndrome, and ulnar neuropathy. Within the clinical note dated 12/12/2013, it was reported the injured worker complained of constant neck, arm, and back pain. Upon the physical exam, the provider noted the injured worker had a coolness of the right hand and allodynia of the right shoulder. The provider recommended the injured worker undergo Botox, sympathetic blocks, home care, transportation, and medications. Prior treatments were not provided for review. The provider requested for Opana 5 mg x 100 and spironolactone. However, a rationale was not provided for review in the clinical documentation. The Request for Authorization was not provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OPANA 5MG X 100:** 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, On-Going Management Page(s): 78.

**Decision rationale:** The request for Opana 5 mg x 100 is not medically necessary. The injured worker complained of constant neck, arm, and back pain. The Chronic Pain Medical Treatment Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication usage, and side effects. The guidelines note a pain assessment should include current pain, least reported pain over the period since last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. The guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. The provider did not document an adequate and complete pain assessment within the documentation. There is a lack of documentation indicating the medication had been providing objective functional benefit and improvement. Additionally, the use of a urine drug screen was not provided in the documentation submitted. The request as submitted failed to provide the frequency of the medication. Therefore, the request for Opana 5 mg x 100 is not medically necessary.

**SPIRONLACTONE-HCTZ 25/25MG X 30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Diabetic Chapter, hypertension treatment.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Diabetes, Hypertension treatment.

**Decision rationale:** The request for spironolactone-HCTZ 25/25 mg time 30 is not medically necessary. The injured worker complained of constant neck, arm, and back pain. The Official Disability Guidelines recommend spironolactone for blood pressure in diabetes to be controlled to levels of 140/80, but 130 may be appropriate for younger patients if it can be achieved without undue treatment brought in. The guidelines note spironolactone is a second-line drug for hypertension. There is a lack of documentation indicating the injured worker to have hypertension secondary to diabetes. The request submitted failed to provide the frequency of the medication. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. Therefore, the request for spironolactone-HCTZ 25/25 mg x 30 is not medically necessary.