

Case Number:	CM14-0053665		
Date Assigned:	07/07/2014	Date of Injury:	08/31/2007
Decision Date:	08/29/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/22/2014

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 Nevada. 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 male who was reportedly injured on 8/31/2007. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated 4/22/2014, indicated that there were ongoing complaints of low back pain that radiates down into both legs. The physical examination is handwritten and significantly illegible. Lumbar spine had positive tenderness to palpation of the lumbar spine, sacroiliac joint, and muscle spasms. Lasegue test was positive bilaterally. No recent diagnostic studies are available for review. Previous treatment included medication and conservative treatment. A request was made for Opana 10 mg, #45 and was not certified in the pre-authorization process on 4/1/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana 10mg #45: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74, 78, 93.

Decision rationale: California Medical Treatment Utilization Schedule guidelines support long-acting opiates in the management of chronic pain when continuous around-the-clock analgesia is

needed for an extended period of time. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The claimant suffers from chronic low back pain. After review of most recent utilization review dated 4/1/2014, it is noted that the medical records, provided, state that the request for this medication has been approved. Therefore, this is a duplicate request and deemed not medically necessary.