

Case Number:	CM14-0055533		
Date Assigned:	07/09/2014	Date of Injury:	05/28/2009
Decision Date:	09/05/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/24/2014

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 Management, and is licensed to practice in New York and Texas. 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 65 year old male who had a work-related injury on 05/28/09. He suffered a head, neck, and back injury. Most recent medical record submitted for review is dated 03/17/14. It is a handwritten note. The injured worker still has daily back and leg pain rating 8/10 without medication and with medication the pain is 3/10. It does allow him to do his activities of daily living and walk on a ranch. Physical examination revealed some weakness in the left dorsi, plantar flexor. Diagnoses include back pain, L5-S1 degeneration, L5-S1 radiculopathy, fractured left tibia. There is no urine drug screen available for review as well as no documentation of functional improvement. Prior utilization review on 03/28/14 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

OPANA ER 20 MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oral morphine , page(s) 96 Page(s): 96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Opana.

Decision rationale: The request for Opana ER 20mg #60 is not medically necessary. Current evidenced-based guidelines indicate patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is insufficient documentation regarding the functional benefits and functional improvement obtained with the continued use of narcotic medications. Prior utilization review on 03/28/14 was non-certified. As such, medical necessity has not been established. However, these medications cannot be abruptly discontinued due to withdrawal symptoms, and medications should only be changed by the prescribing physician.

OPANA 10 IR #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oral morphine , page(s) 96 Page(s): 96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Opana.

Decision rationale: The request for Opana 10 IR #90 is not medically necessary. Current evidenced-based guidelines indicate patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is insufficient documentation regarding the functional benefits and functional improvement obtained with the continued use of narcotic medications. Prior utilization review on 03/28/14 was non-certified. As such, medical necessity has not been established. However, these medications cannot be abruptly discontinued due to withdrawal symptoms, and medications should only be changed by the prescribing physician.