

Case Number:	CM14-0060793		
Date Assigned:	07/11/2014	Date of Injury:	01/20/2010
Decision Date:	08/21/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/01/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of January 20, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; unspecified amounts of physical therapy, cognitive behavioral therapy and aquatic therapy; and opioid therapy. In an April 28, 2014 Utilization Review Report, the claims administrator partially certified a request for Opana extended release with one refill as Opana extended release #100 with no refills, apparently for weaning and tapering purposes. Opana was apparently requested via a handwritten form dated April 9, 2014. A progress note of April 7, 2014 was handwritten, difficult to follow, not entirely legible, and notable for comments that the applicant carried diagnosis of thoracic outlet syndrome, depression, and generalized anxiety disorder. The applicant was asked to continue with current treatment. The applicant apparently presented with pain ranging from 4-8/10. Melatonin was being employed for sleep, it was further noted. The applicant's work and functional status were not outlined.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana ER 20 mg #120, 1 refills:

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78, 86, 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80. Decision based on Non-MTUS Citation Drug Enforcement Administration (DEA), Oxymorphone Drug Guide.

Decision rationale: Opana, per the Drug Enforcement Administration (DEA), is a Schedule II opioid analgesic. Schedule II drugs, per the DEA, may not be refilled. It is further noted that the applicant failed to meet criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. Namely, there is no evidence of reduced pain, improved ability to function, and/or successful return to work achieved as a result of ongoing opioid usage. The progress note provided did not outline the applicant's work or functional status. There was no mention of any clear, tangible, or concrete improvements in function achieved as a result of ongoing Opana usage. It does not appear that the applicant has returned to work. For all of the stated reasons, then, the request is not medically necessary.