

Case Number:	CM14-0071210		
Date Assigned:	07/16/2014	Date of Injury:	07/15/2011
Decision Date:	08/18/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	05/16/2014

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 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 injured worker is a 28-year-old male who reported an injury on 07/15/2011. The mechanism of injury was from the injured worker's hand getting caught in a machine and jerking his shoulder. His diagnoses include pain in joint/shoulder, sprain/strain lumbar region, and chest pain NOS. His previous treatments include medications, physical therapy, injections and surgery. Per the clinical note dated 02/14/2014, the injured worker reported chronic shoulder pain as well as low back pain. He reported his primary concern for his visit was an inability to get adequate pain relief with his current medications. The physician reported the injured worker continued to have chronic pain and underwent stellate ganglion blocks that were not effective. The physician reported that the injured worker was a candidate for long-acting opioids for his chronic pain syndrome. The physician advised the injured worker to discontinue the use of Norco and Percocet and prescribed a Fentanyl patch. Per the clinical note dated 03/26/2014, the injured worker had complaints of chronic shoulder and low back pain. He reported his pain as an 8 over 10 with medications. He also noted that he had constipation with using Opana. The patient's current medications included Cyclobenzaprine 10 mg, Voltaren 1% gel, Celebrex 100 mg, and Opana ER 10 mg. The physician's recommended the injured worker to continue taking Opana ER 20 mg 1 by mouth 3 times a day and after 3 days he may increase to 2 tablets twice daily as needed for pain and he would monitor his progress. The injured worker also had complaints of constipation and he was given a prescription for a trial of Docusate Sodium. Per the clinical note dated 04/24/2014, the injured worker reported that his shoulder and low back pain had increased and he was unable to sleep. He reported he was taking his medications with little or no relief of his pain. The injured worker reported he had used Norco, Fentanyl patches and Buprenorphine that had not been effective to relief his pain. He reported that Tramadol was the only thing that seemed to reduce his pain; however he felt that it was losing its effect. The current request is for

Opana ER 10 mg, #120 for pain relief and Docusate sodium 100mg #60 for constipation relief. The Request for Authorization was provided on 03/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana ER 10mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

Decision rationale: The California MTUS Guidelines state for ongoing management of Opioids it is recommended for ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A pain assessment should include current pain; the least reported pain over the period since last assessment, average pain, and intensity of pain after taking the Opioids, how long it takes for pain relief; and how long pain relief lasts. Per the clinical documentation, the injured worker reported he continued to have increased pain, even with taking his medications. However, the clinical documentation failed to provide a current pain assessment including current pain, the least reported pain over the period since last assessment, average pain, drug taking behaviors and adverse side effects. The clinical documentation also failed to provide documentation to indicate how the medication was improving his functional status with his activities of daily living. The documentation also failed to provide a recent urine drug screen results to verify appropriate medication use. Therefore, in absence of a pain assessment to indicate the amount of pain reduction with the use of the medication and a current urine drug screen to verify medication compliance, the criteria for ongoing use of opioid medication has not been met. As such, the request for Opana ER 10 mg, #120 is not medically necessary.

Docusate Sodium 100mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Workman's Compensation Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Initiating Therapy Page(s): 77.

Decision rationale: The California MTUS Chronic Pain Guidelines state that prophylactic treatment of constipation should be initiated with the use of Opioids. The clinical documentation provided indicated the patient had complaints of constipation and had been taking medication for constipation. The patient was noted to be taking opioid medications. Therefore, use of a laxative would be supported. However, the request failed to provide a frequency. As such, the request for Docusate Sodium 100 mg #60 is not medically necessary.

