

Case Number:	CM13-0028526		
Date Assigned:	03/03/2014	Date of Injury:	06/30/1995
Decision Date:	12/11/2015	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	09/25/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 sustained an industrial injury on 6-30-1995. The injured worker is undergoing treatment for chronic low back pain, lumbar strain-sprain, lumbar degenerative joint disease (DJD) and chronic muscle spasm. Medical records dated 9-11-2013 indicate the injured worker complains of back pain radiating down the legs. He rates the pain 7 out of 10 at best and 10 out of 10 without medication. Physical exam dated 9-11-2013 notes forward leaning posture leaning to the right, lumbar spasm and tenderness to palpation with decreased range of motion (ROM) and positive painful bilateral straight leg raise. Treatment to date has included Opana since at least 9-24-2012, Percocet, Valium and Lidoderm patch. The original utilization review dated 9-23-2013 indicates the request for Opana 40mg #60 is modified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana 40mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Weaning of Medications.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. In this case, the injured worker has been prescribed Opana since at least 9-24-2012 without quantifiable pain relief or objective evidence of specific examples of functional improvement. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Opana 40mg #60 is determined to not be medically necessary.