

Case Number:	CM14-0197695		
Date Assigned:	12/05/2014	Date of Injury:	03/10/2011
Decision Date:	01/23/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	11/25/2014

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 Rehab, has a subspecialty in Interventional Spine 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 59 year old male with an injury date on 3/10/11. The injured worker complains of ongoing left-sided cervical pain, shoulder girdle pain, frequent headaches that radiate to the base of the skull behind his left eye, with pain rated 9/10, and 4/10 with medications per 10/30/14 report. The injured worker has occasional blurred vision and no visual acuity in the right eye per 10/30/14 report. The injured worker reports a 50% reduction in his pain and 50% functional improvement with ADLS with medications per 9/30/14 report. Based on the 10/30/14 progress report provided by the treating physician, the diagnoses are: 1. History of multiple rib fracture, left thorax, intercostal neuralgia with costochondritis with re-aggravation due to recent fall again with sustained re-fractures in the left rib cage area. He has a history of a chest tube placement secondary to pneumothorax, now stable2. History of cervical s/s with underlying spondylosis per imaging studies with chronic neck pain3. History of left shoulder girdle s/s with rotator cuff tears with chronic tendinopathy and limited range of motion4. History of cubital release, left elbow with ongoing symptoms5. History of trigger finger right hand, long finger, 3rd digit6. Lumbosacral s/s with coccydynia, chronic7. Headaches related to closed head injury with postconcussive syndrome8. Visual loss, right eye, due to injury as well9. History of six retinal surgeries due to retinal detach in the right eye with visual loss resulting. He also has cataract complications from cataract surgery right eye as well10. History of nonindustrial A physical exam on 10/30/14 showed "C-spine range of motion is limited in all planes, and left shoulder range of motion is limited. L-spine has limited range of motion with extension 10 degrees." The injured worker's treatment history includes medications (opioids, muscle relaxants, Soma), urine drug screen, and a home exercise program including yoga. The treating physician is requesting Opana ER 10mg (unknown quantity). The utilization review determination being

challenged is dated 11/18/14. The requesting physician provided treatment reports from 4/1/14 to 10/30/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana ER 10mg, (unknown quantity): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 76-78, 88-89.

Decision rationale: For chronic opioids use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the treating physician indicates a decrease in pain with current medications which include Opana, stating "he finds the medication regimen helpful; he reports 50% reduction in pain and 50% functional improvement" per 10/30/14 report. But there is no discussion of this medication's efficacy in terms of specific ADL's to determine significant improvement. General descriptions are inadequate to show functional improvement. Quality of life change, or increase in specific activities of daily living is not discussed. There is no discussion of return to work or change in work status attributed to the use of opiate. Urine toxicology has been asked for but no other aberrant behavior monitoring is provided such as CURES report. Given the lack of sufficient documentation regarding chronic opiates management as required by MTUS, a slow taper off the medication is recommended at this time. The request is not medically necessary.