

Case Number:	CM15-0005790		
Date Assigned:	01/20/2015	Date of Injury:	03/10/2006
Decision Date:	03/17/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	01/12/2015

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: Texas, Florida
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 male patient, who sustained an industrial injury on 03/10/2006. An orthopedic, medical follow up visit dated 09/17/2014 reported subjective complaints of continued waxing and waning neck pain. He is noted using Opana ER and Lyrica with positive effect. Physical examination of the neck area found a well-healed anterior scar. reduction of his voluntary range of motion. There was no residual findings of sensory loss or carpal tunnel syndrome in the upper extremities. The assessment reported industrial injury of cervical spine status post anterior cervical fusion at C5-6 and C6-7. The plan of care involved continuing with prescribed medications and follow up in three months. A psychiatry and neurologic evaluation dated 09/26/2014 described performing electromyography and nerve conduction studies with findings that showed abnormal secondary to low amplitude, prolonged distal latency of the median nerve motor/sensory at the wrist. The impression was chronic bilateral C6, C7 radiculopathy and bilateral carpal tunnel syndrome, electrically moderate. The radiological examination showed a well healed and intact cervical fusion. The patient's chief subjective complaints are noted to be related to the carpal tunnel syndrome and cervical radiculopathy diagnoses. On 12/15/2014 Utilization Review non-certified a request for Opana ER 20mg #60, noting the CA MTUS/ACOEM and Official Disability Guidelines opioids were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana ER 20mg tabs #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 42-43, 74-96, 124. Decision based on Non-MTUS Citation Pain Chapter Opioids

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of exacerbations of musculoskeletal pain that did not respond to standard treatments with NSAIDs and PT. The records did not show subjective and objective findings consistent with exacerbation of musculoskeletal pain. There was radiological report showing a healed, intact cervical fusion with a normal sensory examination. The records did not show that the patient failed treatment with NSAIDs and non co-analgesics. There is no documentation of the guidelines required compliance monitoring with serial UDS, absence of aberrant behavior and functional restoration. The criteria for the use of Opana 20mg #60 was not met. The guidelines recommend a safe weaning protocol for patient being weaned from chronic opioids treatment.