

Case Number:	CM15-0006466		
Date Assigned:	01/26/2015	Date of Injury:	04/04/2001
Decision Date:	03/24/2015	UR Denial Date:	12/17/2014
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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 64-year-old female who reported an injury on 04/04/2001. The mechanism of injury was not provided. Her diagnoses include severe degenerative disc disease of the lumbar and cervical spine, adjacent segment disease of the cervical and lumbar spine, cervical and lumbar radiculopathies, cervical and lumbar stenosis, and probable pseudoarthrosis at C4-5. Other therapies were noted to include psychotherapy and medications. On 12/17/2014, it was indicated the injured worker had complaints of pain to her neck and back that she rated 9/10. Upon physical examination, it was indicated the injured worker had significant difficulty rising from a seated position and limited range of motion to the cervical, thoracic, and lumbar spine. Relevant medications were not included in the report. The treatment plan was noted to include home health care, pain management consult, psychiatric followups, and replacement lift chair. A request was received for Opana 10 mg #120 without a rationale.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana 10mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

Decision rationale: According to the California MTUS Guidelines, ongoing use of opioids must be monitored with the direction of the 4 A's. The 4 A's for ongoing monitoring include analgesia, activities of daily living (ADLs), adverse side effects, and aberrant drug taking behaviors. The clinical documentation submitted for review did not indicate the injured worker's pain and ADLs with and without the use of this medication, and a urine drug screen was not provided to determine medication compliance. Consequently, the request is not supported by the evidence based guidelines. Additionally the request does not specify duration and frequency of use. As such, the request for Opana 10 MG #120 is not medically necessary.