

Case Number:	CM15-0007131		
Date Assigned:	01/22/2015	Date of Injury:	01/07/2008
Decision Date:	03/20/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/13/2015

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 67-year-old female who reported an injury on 01/07/2008. A previous request was made for Opana ER 5 mg #60 which was made twice, as well as request for a urine drug screen as of 11/26/2014. The requests were previously denied based on a lack of objective evidence of functional improvement with the use of the Opana ER and no indication that the urine drug screen was being utilized as an initial screening process or to establish comparison purposes from a previous urine drug screen. The injured worker was diagnosed with chronic bilateral shoulder pain. A letter of appeal was provided dated 01/13/2015 which stated that the injured worker suffered from chronic shoulder pain with a history of left rotator cuff repair, acromioplasty, and Mumford procedure which was performed in 03/2009. The injured worker's most recent imaging studies were taken in 10/2013 which identified the prior rotator cuff repair and some tendinosis of the supraspinatus that was in the left shoulder with the right MRI identifying atrophy of the supraspinatus muscles with partially torn tendon. The injured worker rated her pain level as a 6/10 to 8/10 depending on medication use. A prior letter of appeal dated 12/24/2014 indicated that the injured worker prior urine drug screen had been consistent. Other mechanisms of treatment included Biofreeze and use of a TENS unit daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana ER 5mg # 60 x2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-96.

Decision rationale: Under the California MTUS Guidelines, without having current indication that the injured worker had been compliant with her medication usage and without a more recent examination provided for review to verify that her medication regimen has been successful in reducing her symptoms and improving her overall functional ability, the requested Opana ER cannot be supported at this time and is not medically necessary.

Urine Drug Screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Urine drug screen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-96.

Decision rationale: Under the California MTUS Guidelines, with the injured worker utilizing the Opana for several months now, this urine drug screen would be considered medically appropriate for continued monitoring of medication compliance. As such, the request is deemed medically necessary.