

Case Number:	CM15-0141297		
Date Assigned:	07/31/2015	Date of Injury:	07/16/2008
Decision Date:	09/25/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/21/2015

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, New York, 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 applicant is a represented 60-year-old who has filed a claim for chronic knee pain reportedly associated with an industrial injury of July 16, 2008. In a Utilization Review report dated July 13, 2015, the claims administrator failed to approve a request for Opana extended release. The claims administrator referenced an RFA form received on July 6, 2015 in its determination, along with an office visit of July 1, 2015. The applicant's attorney subsequently appealed. On January 28, 2015, the applicant reported ongoing complaints of knee and leg pain. The applicant was using a cane to move about. Standing and walking remained problematic. The applicant was using Cymbalta, Prilosec, Neurontin, Norco, and Opana extended release. The attending provider stated that the applicant had developed derivative complaints of depression. The attending provider stated that the applicant was a good candidate for functional restoration program. The attending provider did not, however, clearly state whether the applicant was or was not working at this point. The attending provider stated that the applicant's ability to bathe, dress, and toilet himself had been ameliorated as a result of ongoing medication consumption. On June 9, 2015, Norco, Colace, baclofen, and Opana extended release were endorsed. The applicant's permanent work restrictions were renewed. Once again, it was not explicitly stated whether the applicant was or not working with said limitations in place. The attending provider stated that medication consumption was beneficial, but did not elaborate further. The attending provider contended that the applicant's medications were relieving his pain complaints by 50%. The applicant was still using a cane to move about, it was reported. The applicant had developed issues with sedation associated with methadone usage, it was reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana ER 40 mg, sixty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: No, the request for Opana extended release, a long-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved because of the same. Here, however, the applicant's work status was not outlined on multiple progress notes, referenced above, suggesting that the applicant was not, in fact, and working with previously imposed permanent limitations in place. While the treating provider did state that the applicant's medications were beneficial, the treating provider failed to outline meaningful, material, and/or substantive improvements in function (if any) effected because of ongoing opioid usage. The applicant was using two canes to move about, it was reported on multiple office visits, referenced above. The attending provider's commented to the effect that the applicant's to dress, bathe, and toilet himself as a result of ongoing medication consumption did not, in and of itself, constitute evidence of a material improvement in function achieved as a result of ongoing Opana extended release usage and was outweighed by the applicant's seeming failure to return to work. Therefore, the request was not medically necessary.