

Case Number:	CM15-0145580		
Date Assigned:	08/06/2015	Date of Injury:	03/10/2011
Decision Date:	09/02/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	07/27/2015

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

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 was a 60 year old male, who sustained an industrial injury, March 10, 2011. The injured worker previously received the following treatments Flexeril, Mobic, Savella, Ambien, Topamax, Senokot, Colace, Norco, Opana ER, lumbar spine MRI which showed multilevel degenerative disc disease, facet arthrosis, disc herniations at L4-L5 and L5-S1 with foraminal narrowing and facet arthrosis. The injured worker was diagnosed with lumbar degenerative disc disease, left pneumothorax with rib fracture, thoracic and cervical sprain and strain, GERD (gastroesophageal reflux disease) and left ulnar release. According to progress note of March 12, 2015, the injured worker's chief complaint was ongoing back pain. The injured worker continued to suffer from chronic neck pain and frequent headaches. The injured worker reported the inability to function without pain medications. The injured worker reported a 50% reduction in pain and 50% functional improvement with activities of daily living with medications. The injured worker rated the pain at 8 out of 10 and 4 out of 10 at best with medications and 10 out of 10 without pain medications. The physical exam noted limited range of motion to the cervical spine. The cervical compression caused neck pain, but did not radiate. There were no sensory, motor or deep tendon reflex issues in the upper extremities. The low back revealed limited range of motion, flexion of 30 degrees and extension of 5 degrees. The straight leg raises were positive bilaterally at 80 degrees. There was some sensory loss with pinprick and light touch in the right lateral calf and bottom of the foot. The injured worker had 4 out of 5 weakness in the right thigh flexion, knee extension and great toe extension by comparison to the left. The left shoulder revealed limited range of motion in all planes with positive crepitus and circumduction. The shoulder was positive for the impingement sign. The left elbow revealed positive Tinel's sign at the ulnar groove, but no translation on the passive range of the elbow. The treatment plan included prescription refill for Opana ER.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana ER 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, When to Continue Opioids, When to Discontinue Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Opioids.

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

Decision rationale: The MTUS Guidelines cite opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing results or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic 2011 injury without acute flare, new injury, or progressive deterioration. The Opana ER 10mg #60 is not medically necessary and appropriate.