

Case Number:	CM15-0146694		
Date Assigned:	08/07/2015	Date of Injury:	06/15/2004
Decision Date:	09/25/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/28/2015

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: 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 injured worker is a 68 year old male, who sustained an industrial injury on 6-15-04. The injured worker was diagnosed as having myofascial pain, cervical degenerative disc disease, chronic intractable pain, and cervicalgia. Treatment to date has included C6-7 anterior cervical decompression, cervical epidural steroid injections, cervical medial branch blocks, a home exercise program, TENS, and medication. The injured worker had been taking Opana IR since at least 2-4-15. Currently, the injured worker complains of pain in the neck, back, arm, and shoulders. The treating physician requested authorization for Opana IR 10mg #100 x 2 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana IR 10 mg, #100 x 2 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78, 91 - 94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Page(s): 74-95.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. In this case, the injured worker was taking Opana for chronic pain but was weaned from the medication in March 2015. He then trialed with Morphine, Norco, and Percocet without relief. This is a request to be prescribed Opana once again because it provided the greatest relief. While this medication may indeed be warranted, the request for #100 tablets times 2 months does not allow for close monitoring of success, therefore, the request for Opana IR 10 mg, #100 x 2 months is determined to not be medically necessary.