

Case Number:	CM15-0194412		
Date Assigned:	10/08/2015	Date of Injury:	12/17/2006
Decision Date:	11/18/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	10/02/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 44 year old female, who sustained an industrial injury on 12-17-2006. A review of the medical records indicates that the injured worker is undergoing treatment for right shoulder strain and pain, history of right shoulder arthroscopic surgery, and right shoulder impingement syndrome. On 8-28-2015, the injured worker reported right shoulder pain rated 7 out of 10, that radiated into her right upper extremity with numbness and tingling in the right hand, into the right underarm, and to the right side of her neck causing headaches. On 7-28-2015, the injured worker rated her right shoulder pain as 4-9 out of 10. The Treating Physician's report dated 8-28-2015, noted the injured worker reported her medications were helping her, keeping her functional. The injured worker's current medications were noted to include Opana ER, Norco, Robaxin, and Cymbalta. The physical examination was noted to show cervical range of motion (ROM) decreased toward the right and shoulder range of motion (ROM) decreased on the right compared to the left, unchanged since 7-28-2015. The Physician reviewed the CURES report. A urine drug screen (UDS) dated 4-21-2015 was noted to be positive for oxymorphone and oxycodone. The treatment plan was noted to include prescribed Opana ER, prescribed since at least 10-22-2014, and Norco. The request for authorization dated 8-31-2015, requested Opana ER 10mg #60. The Utilization Review (UR) dated 9-3-2015, non-certified the request for Opana ER 10mg #60.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Opioids/ medication.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, long-term assessment, Weaning of Medications.

Decision rationale: The claimant has a remote history of a work injury occurring in December 2006 occurring while she was carrying a heavy tray of food and was setting up an overhead umbrella. She continues to be treated for chronic pain including right shoulder pain. She underwent arthroscopic surgery in February 2012. Revision surgery had been recommended but was not authorized. In June 2015 medications included Norco and Opana ER. Her Norco dose was being reduced. The total MED (morphine equivalent dose) was decreased from 120 mg to 110 mg per day. On 07/28/15 she was having shoulder pain ranging from 4-9/10. She was feeling stress. Medications were refilled and the total MED was decreased to 100 mg per day. In August 2015 pain was rated at 7/10. She was having radiating symptoms into the right upper extremity with numbness and tingling and was having headaches. She was having difficulty sleeping. Medications are referenced as helping and keeping her functional. Physical examination findings included not appearing in any acute distress. There was decreased cervical and right shoulder range of motion. There was normal strength. Medications were refilled. The total MED was unchanged at 100 mg per day. Opana ER (extended release oxymorphone) is a sustained release opioid used for treating baseline pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is currently providing decreased pain through documentation of VAS pain scores or specific examples of how this medication is resulting in an increased level of function or improved quality of life. Weaning was being done but was not continued. Continued prescribing of Opana ER without ongoing weaning of her opioid medications was not medically necessary.