

Case Number:	CM15-0198998		
Date Assigned:	10/16/2015	Date of Injury:	06/26/2008
Decision Date:	12/03/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/09/2015

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: Arizona, Texas
 Certification(s)/Specialty: Internal 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 61-year-old female who sustained an industrial injury June 26, 2008. Diagnoses are degenerative disc disease of the lumbar spine; lumbar spinal stenosis; lumbar radiculopathy; myofascitis; situational depression-psychological overlay. According to the most recent primary treating physician's report dated July 20, 2015, the injured worker has been followed by interventional management and now is on chronic pain management with medication. She has increasing pain, anterior-posterior fusion. She is tapering her medication herself, most recently discontinuing Soma. Without medication, she rated her pain 9-10 out of 10 and with medication 3-4 out of 10. Without medication, it is difficult for her to walk or sit for extended periods of time. She reported no side effects and is compliant with medication regimen. She has a signed opioid contract and is urine screened periodically with no instance of non-compliance. Physical examination revealed; wearing a back brace; decreased range of motion secondary to pain; negative straight leg raise bilaterally; mild to moderate sacroilitis; moderate to severe myofascitis from the lumbar area down to the sacrum; no sensory deficits; antalgic gait. At issue, is the request for authorization for Opana IR and Opana ER (since at least March 2, 2015). According to utilization review dated September 24, 2015, the request for Opana IR 5mg #90-30 days is certified. The request for Opana ER 5mg #90-30 days was modified to Opana ER #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana ER 5 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: Management of patients using opioids for chronic pain control includes ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The indication for continuing these medications include if the patient has returned to work or if the patient has improved functioning and pain. In this case, the documentation does not support that the patient has had a meaningful improvement in function or pain while taking this medication. The continued use is not medically necessary.