

Case Number:	CM15-0216190		
Date Assigned:	11/05/2015	Date of Injury:	06/30/2011
Decision Date:	12/18/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	11/03/2015

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, Oregon, Washington
Certification(s)/Specialty: Orthopedic Surgery

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 50 year old female, who sustained an industrial injury, June 30, 2011. The injured worker was undergoing treatment for carpal metacarpal syndrome pain in the right thumb, right wrist, right hand, left upper extremity, right upper extremity rule out entrapment neuropathy, bilateral impingement syndrome potentially rotator cuff tear, cervical spine pain, headaches and bilateral upper extremity pain. According to progress note of September 28, 2015, the injured worker's chief complaint was right wrist and hand pain. The severity of the condition was 7-8 out of 10 for pain. The pain was described as aching, cramping, deep, disabling, pulling, radiating, sharp, throbbing, tingling, numbness, pinching, sore, weakness and heaviness. The pain was aggravated by bending, lifting, stretching and work. The injured worker was experiencing limited movement, stiffness, tenderness, and weakness. The condition was located in the bilateral hands. The injured worker was also complaining of cervical pain with radiation of weakness in the right and left arms, stiffness and pain. The objective findings were decreased range of motion of the right upper extremity. The motor strength was out of 5 with pain and decreased grip and strength. The motor strength of the left was 4 out of 5. The right hand was swollen. There was diffuse tenderness with palpation at the metacarpal phalanges. There was diffuse tenderness in the shoulder joints bilaterally. The right shoulder showed decreased range of motion due to pain. The examination of the cervical spine noted tenderness with palpation over the C3-C6 facet capsules, bilaterally, secondary myofascial pain with triggering and ropey fibrotic banding bilateral, pain with rotation extension indicative of facet capsular tears bilateral, positive Spurling's maneuver bilateral and positive maximal foraminal compression testing

bilaterally. There was guarding of the right upper extremity with decreased range of motion and pain. The injured worker previously received the following treatments Right wrist x-rays, right wrist MRI, Fetzima 80mg, Motrin 800mg, Norco 10-325mg Opana ER 40mg every 12 hours since January 27, 2015, Topamax 100mg and Wellbutrin SR100mg. The UR (utilization review board) denied certification on October 8, 2015; for a prescription for Opana ER 40mg 12 hour one by mouth every 12 hours #60 and was modified to Opana ER 40mg 12 hour one by mouth every 12 hours #30 for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana ER 40mg 12hour 1 p.o. every 12 hours #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, specific drug list. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain / Opioids for chronic pain.

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, opioids (criteria for use & specific drug list): A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. The patient should have at least one physical and psychosocial assessment by the treating doctor (and a possible second opinion by a specialist) to assess whether a trial of opioids should occur. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The 4 A's for Ongoing Monitoring include analgesia, activities of daily living, adverse side effects, and aberrant drug- taking behaviors. Opioids may be continued if the patient has returned to work and the patient has improved function/pain. The ODG-TWC pain section comments specifically on criteria for the use of drug screening for ongoing opioid treatment. The ODG Pain / Opioids for chronic pain states "According to a major NIH systematic review, there is insufficient evidence to support the effectiveness of long-term opioid therapy for improving chronic pain, but emerging data support a dose-dependent risk for serious harms." Based upon the records reviewed there is insufficient evidence to support the medical necessity of chronic narcotic use. There is lack of demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance, return to work, or increase in activity from the exam note of 9/28/15. Therefore, the prescription is not medically necessary and the determination is for non-certification.