

Case Number:	CM15-0042701		
Date Assigned:	03/12/2015	Date of Injury:	09/04/2003
Decision Date:	05/01/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	03/06/2015

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, Arizona

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 is a 75-year-old male who reported an injury on 09/04/2003. The mechanism of injury was not stated. The current diagnoses is chronic low back pain. On 01/16/2015, the injured worker presented for a follow up evaluation. It was noted that the injured worker was in need of a refill of medication due to a loss of 10 pills. The injured worker indicated that while he was at a casino, he left a pillbox on a food tray and it was discarded. The injured worker had a letter confirming the incident. The injured worker reported an improvement in function and quality of life with the use of the current medication regimen. There was no comprehensive musculoskeletal examination provided. Recommendations included a refill of Opana ER 20 mg. A Request for Authorization form was then submitted on 02/04/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana ER 20 mg #56: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until a patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects should occur. In this case, it is noted the injured worker has continuously utilized the above medication since 04/2014. There is no documentation of objective functional improvement. Although the provider indicated a pain contract had been signed, there were no recent toxicology reports documenting evidence of patient compliance and nonaberrant behavior. The request as submitted also failed to indicate a frequency. Given the above, the request is not medically appropriate at this time.