MAXIMUS Federal Services

Case Number:	CM15-0047126		
Date Assigned:	03/19/2015	Date of Injury:	12/06/2003
Decision Date:	04/24/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	03/12/2015

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: New York, Pennsylvania, Washington
Certification(s)/Specialty: Internal Medicine, Geriatric 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 49 year old female, who sustained an industrial injury on December 6, 2003. The injured worker was diagnosed as having knee pain/joint pain leg, ankle pain, lumbago low back pain. Treatment to date has included pain medications. Currently, the injured worker complains of pain in back and right examination of the knee. In a progress note dated February 2, 2015, the treating provider reports examination of the bilateral knees reveals tenderness to palpation on the joint line and positive McMurray's test, decreased range of motion, the left knee also revealed atrophy, ankle swelling and tender to palpation at the ankle with decreased range of motion. The spine revealed tenderness at the lumbar spine, facet joint and decreased range of motion. The pain of care included medications and evaluation of both knees by another physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana ER 40mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-80.

Decision rationale: This injured worker has chronic pain with an injury sustained in 2003. The medical course has included numerous treatment modalities use of medications including narcotics. Per the guidelines, in opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visits fail to document any significant improvement in pain, functional status or a discussion of side effects specifically related to Opana to justify use per the guidelines. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but appears limited. The medical necessity of Opana ER is not substantiated in the records. As such, this request is not medically necessary.