

Case Number:	CM15-0047655		
Date Assigned:	03/23/2015	Date of Injury:	03/09/2013
Decision Date:	05/01/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/13/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 72-year-old [REDACTED] beneficiary who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of March 9, 2013. In a Utilization Review Report dated March 5, 2015, the claims administrator failed to approve requests for Opana and Tylenol No. 4. The claims administrator referenced a February 24, 2015 progress note in its determination. The applicant's attorney subsequently appealed. In said February 24, 2015 progress note, the applicant reported ongoing complaints of neck pain and shoulder pain. Standing, walking, and lifting remained problematic and/or worsened the applicant's pain, it was suggested. 3-10/10 pain without medications versus 2-5/10 pain with medications was appreciated. The applicant was given refills of Tylenol No. 4 and Opana. The applicant was placed off of work, on total temporary disability. The applicant had not worked since July 2014, the treating provider acknowledged. On January 23, 2015, the applicant reported ongoing complaints of neck pain, mid back pain, and shoulder pain with associated upper extremity radicular pain complaints. The applicant was asked to consult an orthopedic spine surgeon while Tylenol No. 4 and Opana were renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana ER 15mg 1 tab 12H #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: No, the request for Opana extended release, a long-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work, on total temporary disability, it was acknowledged on February 24, 2015, and had not worked in over seven months, the treating provider acknowledged. While the treating provider did recount some reduction in pain scores reportedly effected as a result of ongoing medication consumption, these were, however, outweighed by the applicant's failure to return to work and the attending provider's reports of the applicant's having continued difficulty performing activities of daily living as basic as standing, walking, and lifting. Therefore, the request was not medically necessary.

Tylenol #4 1 tab BID as needed #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: Similarly, the request for Tylenol No. 4, a short-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work, on total temporary disability, as of the February 24, 2015 progress note in question. The applicant had not worked in several months, it was acknowledged at that point in time. While the attending provider did recount some reduction in pain scores reportedly effected as a result of ongoing medication consumption, these were, however, outweighed by the applicant's failure to return to work and the attending provider's reports of the applicant's having continued difficulty performing activities of daily living as basic as standing, walking, and lifting. Therefore, the request was not medically necessary.