

Case Number:	CM15-0053997		
Date Assigned:	03/27/2015	Date of Injury:	08/07/2004
Decision Date:	05/01/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	03/23/2015

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

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 54 year old male injured worker suffered an industrial injury on 08/07/2004. The diagnoses included severe degenerative disc disease, back pain. The injured worker had been treated with medications. On 2/26/2015 the treating provider reported the back pain was daily 8/10 without medications and 3/10 with medications. It is also stated that with the opioids he can perform independent ADLs and light house chores, without he is mostly bed ridden. The treatment plan included Opana ER. 20mg. am and 30mg. pm. No aberrant drug related behaviors are reported..

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana ER 30mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

Decision rationale: MTUS Guidelines discourage the use of chronic opioids for low back pain, however there use is supported when there is meaningful pain relief, functional support, the lack

of medication related aberrant behaviors. Even though the prescribing physicians description of functional improvements lacks a lot recommended details per Guideline standards it is adequate. Pain relief is reported to be greater than 50% and there have been no drug related aberrant behaviors. Guidelines also discourage the use of greater than 120 MEQ's, but they are allowed under the care of a physician who specializes in pain management. Under these circumstances, the Opana ER 30mg. is supported by Guidelines and is medically necessary.