

Case Number:	CM15-0086008		
Date Assigned:	05/08/2015	Date of Injury:	05/03/2006
Decision Date:	06/12/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/05/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 56 year old female, who sustained an industrial injury on 5/03/2006. She reported a fall. Diagnoses include Complex regional pain syndrome (CRPS) in left upper extremity and right lower extremity, left rotator cuff tendonitis and impingement syndrome, arthritis, lumbar disc bulge, reactive depression due to pain and inactivity and constipation. Treatments to date include NSAID, anti-inflammatory, chiropractic therapy, home TENS use and psychotherapy. Currently, she complained of pain rated 8/10 VAS in the back, leg, neck, arm, and shoulder. She reported Opana ER help with activities of daily life (ADL's) and decreased left arm pain and increased ambulation. It was documented that the Opana ER reduced pain from a 9-10/10 VAS to a 7-8/10 VAS. On 3/17/15, the physical examination documented left upper trapezius muscle tenderness and muscle spasm. She was hyperesthetic to light touch to left upper extremity, and right lower extremity. There was a positive left Spurling's maneuver. The provider documented that a previous order for Opana ER 5mg was only provided in a quantity of #30, and due to that, there was increased pain and decreased ability to complete ADL's and decreased tolerance to ambulate. The plan of care included Opana 5mg one twice daily #45 and a request for a follow up visit. On 4/17/15, there was a telephone consultation due to the injured worker having been out of town for an extended amount of time. The provider documented that there was an increase in the intractable pain secondary to having difficulty with the pharmacy filling the Opana ER. The provider documented a call to the pharmacy requesting that they fill the Opana ER 5mg tablets; one tablet twice a day, quantity #45.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana ER 5 mg #45: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 56 year old female has complained of low back pain since date of injury 6/3/06. She has been treated with chiropractic therapy, TENS, physical therapy and medications to include opioids since at least 09/2009. The current request is for Opana ER 5 mg. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Opana ER 5 mg is not indicated as medically necessary.

1 Follow-up visit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Follow up visits.

Decision rationale: This 56 year old female has complained of low back pain since date of injury 6/3/06. She has been treated with chiropractic therapy, TENS, physical therapy and medications. The current request is for 1 follow- up visit. Per the available medical documentation, certification of a follow up visit has already been provided in a previous request, therefore re-certification of the follow up visit is not warranted. On the basis of the available medical records and per the guidelines cited above, 1 follow - up visit is not medically necessary.