

Case Number:	CM15-0087279		
Date Assigned:	05/11/2015	Date of Injury:	01/27/2004
Decision Date:	06/10/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/07/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 49 year old male with a January 27, 2004 date of injury. A progress note dated April 16, 2015 documents subjective findings (constant neck pain radiating to the left upper extremity that is rated at a level of 6/10; constant back pain that radiates to the left lower extremity rated at a level of 6/10; sleep difficulties; numbness; constipation with current medications), objective findings (decreased muscle strength of the left lower extremity; decreased cervical range of motion; antalgic gait; decreased lumbar range of motion), and current diagnoses (thoracic/lumbosacral neuritis/radiculitis; cervical spine stenosis; displacement of lumbar intervertebral disc; other malaise and fatigue; displacement of intervertebral disc unspecified; lumbar spine stenosis without neurogenic claudication). Treatments to date have included medications, selective nerve root block of the lumbar spine (allowed for 80% reduction in pain), use of a cane, physical therapy, and surgery. The medical record identifies that medications help control the pain, and allow for increased mobility, function, and ability to perform activities of daily living. The treating physician documented a plan of care that included Opana.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana ER 40mg one tid #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: According to the guidelines, opioids are not indicated for mechanical or compressive etiologies. It is not 1st line for chronic pain. First line medications include Tylenol and Tricyclics. In this case, the claimant had been on Opana along with Roxycodone that exceeded the 120 mg of Morphine equivalent recommended by the guidelines. Although, the claimant had good pain relief as based on the VAS scores, the long-term use of high dose opioids is not recommended and not medically necessary.