

Case Number:	CM15-0238465		
Date Assigned:	12/16/2015	Date of Injury:	03/11/2003
Decision Date:	01/21/2016	UR Denial Date:	11/02/2015
Priority:	Standard	Application Received:	12/07/2015

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: 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:

This is a 61-year-old female with a date of injury on 3-11-2003. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar radiculitis, myofascial pain disorder, chronic pain syndrome, low back pain, degenerative disc disease and co-morbid constipation. According to the progress report dated 10-26-2015, the injured worker complained of poor function and activities of daily living due to poor pain control with tapered opioid analgesics. She complained of sciatica from the low back to the left buttock and down the left leg. She also complained of right shoulder-arm pain that extended to the thumb and fingers. The physical exam (10-26-2015) revealed a slow, stooped posture and antalgic gait. Right shoulder range of motion was diminished. Straight leg raise aggravated pain down to the right popliteal. Treatment has included physical therapy and medication. Current medications (10-26-2015) were documented as "Embeda replace Nucynta ER, Norco PRN, Celebrex 200mg QD, Linzess, Amitiza, DC: Zohydro, Nucynta, Kadian, Skelaxin." The treating physician indicated that urine drug testing (8-24-2015) showed Norco, Embeda and Phentamine. The original Utilization Review (UR) (11-3-2015) modified a request for Embeda to this one refill of Embeda for the purpose of weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Embeda cap 30-1.2mg #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation ODG PAIN CHAPTER.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: This 61 year old female has complained of low back pain and right shoulder pain since date of injury 3/11/2003. She has been treated with physical therapy and medications to include opioids since at least 04/2010. The current request is for Embeda. 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, opiod contract and documentation of failure of prior non-opiod therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Embeda is not indicated as medically necessary.