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| Case Number: | CM14-0116228 | | |
| Date Assigned: | 09/16/2014 | Date of Injury: | 01/15/2008 |
| Decision Date: | 10/17/2014 | UR Denial Date: | 07/14/2014 |
| Priority: | Standard | Application Received: | 07/24/2014 |

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 [REDACTED] employee who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of January 15, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; unspecified amounts of physical therapy; and trigger point injection therapy. In a Utilization Review Report dated July 14, 2014, the claims administrator apparently approved a request for Zanaflex while denying requests for Opana and Naprosyn. The applicant's attorney subsequently appealed. In an August 26, 2014 progress note, the applicant reported persistent complaints of pain. The applicant was reportedly mentally unstable, with heightened pain complaints, it was stated. The attending provider noted that the applicant's pain complaints were 8/10 with medications versus 9/10 without medications. The applicant's medication list included Lunesta, trazodone, Cymbalta, Neurontin, Zanaflex, and Opana. The applicant was already permanent and stationary with permanent restrictions, it was noted. It was stated that the applicant would destabilize mentally without medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naprosyn 550mg BID #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiinflammatory Medications topic., Page(s): 22,7. Decision based on Non-MTUS Citation MTUS 9792.20f.

Decision rationale: While page 22 of the MTUS Chronic Pain Guidelines does acknowledge that antiinflammatory medications such as Naprosyn do represent a traditional first line of treatment for various chronic pain conditions, this recommendation is qualified by commentary on page 7 of the MTUS Chronic Pain Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, the applicant is seemingly off of work with unchanged permanent work restrictions being renewed from visit to visit. Ongoing usage of Naprosyn has failed to curtail the applicant's dependence on opioid agents such as Opana. All of the above, taken together, suggests a lack of functional improvement. Therefore, the request is not medically necessary.

Opana ER 5mg; 1 BID #60: Upheld

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

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

Decision rationale: As noted on page 80 of the MTUS Chronic Pain 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. In this case, the applicant is seemingly off of work. The attending provider has failed to recount any tangible improvements in function achieved as a result of ongoing opioid therapy with Opana. The applicant's reduction in pain levels from 9/10 without medications to 8/10 with medications appears marginal to negligible, and is outweighed by the applicant's failure to return to any form of work as well as the attending provider's failure to recount any material improvements in function achieved as a result of ongoing opioid therapy. Therefore, the request for Opana extended release is not medically necessary.