

Case Number:	CM14-0138746		
Date Assigned:	09/05/2014	Date of Injury:	03/10/2011
Decision Date:	10/23/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	08/27/2014

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 Physical Medicine & Rehabilitation 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:

This is a 59-year-old male with a 3/10/11 date of injury. A specific mechanism of injury was not described. According to a progress report dated 7/24/14, the patient complained of ongoing pain along the left side of his neck and shoulder, pain in the left rib cage area, left elbow, persisting back pain. He reported 50% reduction in his pain, 50% functional improvement with activities of daily living with the medications versus not taking them at all. He rated his pain as an 8/10, at best a 5/10 with his medications, a 10/10 without them. The patient is allergic to morphine and Naprosyn. Objective findings: unchanged from the 6/26/14 report which revealed limited neck range, limited range of left shoulder, positive Phalen's and Tinel's sign in left hand. Diagnostic impression: cervical sprain/strains, left shoulder sprain/strain with rotator cuff tear, cubital release left elbow with ongoing neuropathy, lumbosacral sprain/strain with coccydynia, history of multiple rib fractures. Treatment to date: medication management, activity modification. A UR decision dated 8/15/14 denied the request for Opana. The records do not establish any measurable functional improvement or a return to work specifically as a result of the use of opioid medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana ER 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Official Disability Guidelines (ODG), and Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In the present case, the patient reported 50% reduction in his pain, 50% functional improvement with activities of daily living with the medications versus not taking them at all. He rated his pain as an 8/10, at best a 5/10 with his medications, a 10/10 without them. The patient is also taking Norco, and the combined MED is 100, below guideline recommendations of 200 MED. In addition, it is documented that the patient is under a narcotic contract and urine drug screens have been appropriate for this patient. Therefore, the request for Opana ER 10mg #60 was medically necessary.