

Case Number:	CM14-0140151		
Date Assigned:	09/08/2014	Date of Injury:	01/09/2007
Decision Date:	10/10/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/29/2014

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 Texas and Ohio. 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 injured worker is a 60-year-old female who reported an injury on 01/09/2007 due to falling off a ladder, injuring her neck, back, hands, wrists, and knees. The injured worker has a history of cervical pain and back pain. The physical examination dated 07/30/2014 of the cervical spine revealed pain to palpation over C3-4, C4-5, and C5-6 facet capsules bilaterally secondary myofascial pain with triggering and ropey fibrotic banding, positive Spurling's maneuver bilaterally, positive maximal or minimal compression bilaterally along with radicular pain to bilateral arms and stiffness. The lumbosacral exam revealed pain to palpation over the L3-4, L4-5, L5 and S1 facet capsules bilaterally, pain with rotation and extension, indicating facet capsular tears bilaterally and secondary myofascial pain with triggering and ropey, fibrotic banding bilaterally. Straight leg raise was positive to the left at 45 degrees and positive with pain radiating into the left buttock, positive on the right at 60 degrees with pain radiating into the right buttock. The MRI of the spinal sacral dated 07/02/2007 revealed a 2 mm disc annular tear at the L1-L2 and L2-3 with facet arthropathy with a 4 mm disc annular at the L3-4. Medications included naproxen, Opana, Dexilant. The injured worker rated her pain a 9/10 using the VAS. A treatment plan included Opana ER 10 mg #60. The rationale was not provided. The Request for Authorization dated 09/08/2014 was submitted with documentation.

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: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, screening for risk of addiction (tests) Page(s): 90.

Decision rationale: The request for Opana ER 10mg #60 is not medically necessary. The California MTUS do not recommend Opana ER is not intended for prn use. Opioid-naive patients should initially begin on 5mg every 12 hours around the clock. It is recommended that doses be individually titrated in increments of 5 to 10mg every 12 hours for 3 to 7 days. Recommend screening for the risk of addiction prior to initiating opioid therapy. It is important to attempt to identify individuals who have the potential to develop aberrant drug use both prior to the prescribing of opioids and while actively undergoing this treatment. The injured worker's injury was 01/09/2007. The clinical notes were not evident of the length of time the injured worker had been taking the Opana. The request did not address the frequency. As such, the request is not medically necessary.