

Case Number:	CM14-0083094		
Date Assigned:	07/21/2014	Date of Injury:	03/25/2008
Decision Date:	09/19/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/04/2014

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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 49-year-old female who reported an injury on 03/25/2008. The mechanism of injury was a fall. She is diagnosed with chronic right hip pain, depression and anxiety related to chronic pain, right lateral femoral cutaneous neuropathy, and possible underlying lumbar radiculopathy. Her past treatments included physical therapy, chiropractic treatment, corticosteroid injections, arthroscopic shoulder surgery, arthroscopic hip surgery, SI joint injections, psychological treatment, and medications. On 05/06/2014, the injured worker presented with complaints of right hip pain and right leg pain. It was also noted that she has pain in the left knee and outer left foot. It was noted that her most recent urine drug screen had been performed on 03/03/2014 and had revealed consistent findings with her prescribed analgesics without any evidence of illicit drug use. It was also noted that she reported pain relief with her current dose of Opana ER and Norco for breakthrough pain. It was also noted that Neurontin helped reduce her right leg pain. It was specified that the medications brought her pain level from a 10/10 to a 5/10. It was also noted that medications improved her ability to think and function and that she had been stable on her current medication regimen without an increase in dosage since 2012. It was also noted that she denies significant adverse side effects with her current medication regimen, she was able to perform her activities of daily living and social activities, and CURES reports have been obtained and have failed to reveal evidence of suspicious behavior. Her medications were noted to include Opana ER, Norco, Neurontin, Flector patches, and Thermacare heat patches. The treatment plan included continued medications including Opana ER for long-acting pain relief and Norco to be used as needed for severe pain. The Request for Authorization Form was not submitted in the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana ER 10mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Opana Page(s): 76,78-81,86,89,93, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management Page(s): 74-75; 78.

Decision rationale: According to the California MTUS Guidelines, long-acting opioid medications may be recommended when around-the-clock analgesia is required. The guidelines also state that the ongoing management of patients taking opioid medication should include detail documentation regarding pain relief, functional status, appropriate medication use and adverse side effects. The clinical information submitted for review indicated that the injured worker had been stable on her current medication regimen since 2012. The medical records submitted for review indicated that she had tried and failed initially recommended medications prior to utilizing short-acting and then long-acting opioid pain medications. In addition, it was noted that a urine drug screen performed on 03/03/2014 was consistent with her prescribed analgesics and CURES reports had also been appropriate without evidence of aberrant drug taking behaviors. In addition, she reported significant pain relief with a rating of 10/10 without medications and a rating of 5/10 with medications. She was also noted as significant functional benefit with use of her current medication regimen. Further, she denied significant adverse side effects with her current medications. Based on this documentation and evidence of significant benefit with use of Opana ER, continued use would be supported. However, the request failed to provide a frequency that the requested medication is to be used. Therefore, the request is not medically necessary.