

Case Number:	CM14-0083498		
Date Assigned:	07/21/2014	Date of Injury:	12/03/2010
Decision Date:	09/19/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/05/2014

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 and 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 female patient with a date of injury of December 3, 2010. A utilization review determination dated June 4, 2004 recommends non-certification of Opana 5 mg #30. A progress note dated May 20, 2014 identifies subjective complaints of mid back pain, bilateral shoulder pain, and left hip pain, the patient's pain level is increased since the last visit, no new problems or side effects reported, quality of sleep is fair, and activity level has remained the same. Current medications include Fioricet one daily as needed, Opana 5 mg 1 to 2 daily for pain, promethazine 25 mg one daily, Benadryl 50 mg 1/2 to 1 tab as needed, Excedrin PM to tablets as needed for headaches, toward all 10 mg 1 to 4 tablets as needed, and Voltaren gel. Physical examination identifies tenderness at the C7, C8, T-1 dermatomes on the right, Spurling's maneuver causes pain in the muscles of the neck radiating to the upper extremity, right shoulder movement is restricted with flexion limited to 150 due to pain, extension limited to 45, abduction limited to 150 due to pain, adduction limited to 30 and with internal rotation and thumb extended reaching T7, Hawkins test is positive on the right, Neer test is positive on the right, shoulder crossover test is positive, empty can test is positive, and there is tenderness with palpation in the acromioclavicular joint, rhomboid, upper trapezius, and supraspinatus. The left shoulder reveals movement restrictions with flexion limited to 175 due to pain, extension 245 due to pain, abduction limited to 170 due to pain and with internal rotation and thumb extended reaching T9, Hawkins test is positive, and Neer test is positive. The left hip reveals tenderness over the TFL, upper and lower extremity strength testing is 5/5, sensation to pin prick is decreased over the right C5, C6 and C7, deep tendon reflexes are 1/4 on both biceps reflex, brachioradial reflex, and triceps reflex. Diagnoses include bilateral shoulder pain and thoracic spine degenerative disc disease. The treatment plan recommends consideration for a cervical epidural steroid injection, referral for PRP injections to her shoulders and thoracic spine was denied will re-request, re-

request additional trigger point injections, request six additional acupuncture sessions, recommended neurological consult, re-request psychotherapy to include biofeedback and cognitive behavioral therapy for chronic pain, continue with Celebrex 200 mg per day, Opana 5 mg one to two daily PRN, continue Excedrin for headaches, continue liquid Lexapro for milligrams per day, discussed possibility of Butrans patch. There is a statement indicating that the patient is stable on her current medication regimen, function and activities of daily living are improved on current doses of medications, pain agreement was reviewed with the patient, the patient has signed an appropriate pain contract, the patient reports side effects of nausea, and the patient states she is taking her medications as prescribed. A urine drug screen performed on May 20, 2014 and on February 19, 2014 did not detect Opana or Firocet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana 5mg, Qty, 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 76-79, 120 of 127.

Decision rationale: Regarding the request for Opana 5mg #30, California Pain Medical Treatment Guidelines state that Opana is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the Opana is improving the pain (in terms of percent reduction in pain or reduced NRS). Furthermore, the patient's last two urine toxicology screenings, performed on February 19, 2014 and May 20, 2014, did not detect Opana. This finding is consistent with noncompliance, and does not appear to have been addressed by the prescribing physician. As such, the currently requested Opana 5mg #30 is not medically necessary.