

Case Number:	CM14-0090835		
Date Assigned:	07/25/2014	Date of Injury:	11/17/2013
Decision Date:	08/29/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/16/2014

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:

The injured worker is a 25-year-old male who reported an injury on 11/17/2013. The injured worker underwent physical therapy. The mechanism of injury was lifting. The injured worker was noted to be taking opiates as of 11/2013. The documentation on 04/10/2014 revealed the injured worker's pain was unchanged. The physical examination revealed the range of motion was restricted with flexion limited to 40 degrees and extension to 0 degrees due to pain. The injured worker had tenderness to palpation of the paravertebral muscles, and had spasm and tenderness on the left side. The faber test was positive bilaterally, left greater than right. The pelvic compression test was positive. There was tenderness over the sacroiliac joint on the left side. The diagnoses included sprain sacroiliac NOS, myofascial pain syndrome, chronic pain syndrome, and spasm of muscle. The treatment plan included a trial of Opana ER with hydrocodone for breakthrough pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

OPANA ER 5MG TABLET #60 SIG TAKE 1 TABLET TWICE DAILY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 76-78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, page 60, ongoing management Page(s): page 78.

Decision rationale: The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement and an objective decrease in pain, as well as documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review did not provide documentation of the above, as it was noted the injured worker had been utilizing opiates since late 2013. Given the above, the request for Opana ER 5 mg #60 take one twice daily is not medically necessary.