

Case Number:	CM14-0210623		
Date Assigned:	12/23/2014	Date of Injury:	01/22/2003
Decision Date:	02/19/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/16/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, California

Certification(s)/Specialty: Family Practice

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 63 year old female patient who sustained a work related injury on 1/22/2003. The exact mechanism of injury was not specified in the records provided. The current diagnoses include chronic pain syndrome, degeneration of cervical intervertebral disc, degeneration of lumbar intervertebral disc, displacement of cervical intervertebral disc without myelopathy. Per the doctor's note dated 12/17/14, patient has complaints of neck pain at 3-10/10. Per the doctor's note dated 11/18/14 patient had complaints of neck pain, pain at her arms, neck, and left shoulder with radiating pain into the left arm. Pain was aggravated by changing positions, coughing, daily activities, defecation, extension, flexion, lifting, pushing, rolling over in bed, sneezing, standing, twisting, and walking. Her symptoms were relieved by pain medication, and her pain level was 10/10 and pain interferes with activities of daily living and she wasn't able to carry on any activities. Per the doctor's note dated 5/28/14 patient had complaints of neck pain at 10/10. Physical examination revealed limited range of motion of the cervical region. The current medication lists include Trental, OxyContin, Opana and Lexapro. The patient has had CT scan and MRI for this injury. Any operative/ or procedure note was not specified in the records provided. The patient has received 12 PT visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana 10mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Therapeutic Trial of Opioids Page(s): 76-80.

Decision rationale: Opana 10mg #60 is an opioid analgesic. According to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to nonopioid means of pain control is not documented in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. MTUS guidelines also recommend urine drug screen to assess for the use or the presence of illegal drugs in patients using opioids for long term. A recent urine drug screen report is not specified in the records provided. Whether improvement in pain translated into objective functional improvement, including ability to work is not specified in the records provided. With this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Opana 10mg #60 is not established for this patient. The recommendation for medications does not imply an abrupt cessation or constitute a medical order for treatment or discontinuance of treatment for this patient. Any medical order must be considered by the treating physician in accordance with the appropriate standard of care protocol to avoid any adverse consequences, which may occur with changes in the treatment regimen.