

Case Number:	CM14-0214207		
Date Assigned:	01/07/2015	Date of Injury:	02/17/2006
Decision Date:	02/25/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	12/22/2014

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, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 55 year old male who was injured at work on 02/17/2006. The 12/02/14 progress report indicates the injured worker continued to complain of back pain with pain that radiates down to the left leg. Opana ER and Norco had been helpful. There were no bowel or bladder control difficulties, but he was running low on his medications. The physical examination revealed limited range of motion of the lumbar spine, normal neurologic examination; mild antalgic gait; and equivocal facet maneuver. The worker has been diagnosed of low back pain syndrome, mechanical, possibly discogenic low back pain with intermittent lumbar radiculitis. Treatments have included Lumbar Epidural Steroid injections, Prilosec, Lidoderm patch, Opana, Norco, Senokot-s, exercises. At dispute is the request for 1 prescription of Opana ER 20mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana ER 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78-81.

Decision rationale: The injured worker sustained a work related injury on 02/17/2006. The medical records provided indicate the diagnosis of low back pain syndrome, mechanical, possibly discogenic low back pain with intermittent lumbar radiculitis. Treatments have included Lumbar Epidural Steroid injections, Prilosec, Lidoderm patch, Opana, Norco, Senokot-s and exercises. The medical records provided for review do not indicate a medical necessity for Opana ER 20mg #60. The records indicate the injured worker is not being monitored for analgesia, activities of daily living, adverse side effects, and aberrant drug taking behavior as the MTUS recommends for on-going management with opioids. Additionally, since there are no randomized controlled trials supporting the use of opioids for more than 70 days in the management of chronic pain, the MTUS recommends reassessment and consideration of alternative therapy if there is failure to respond to a time limited course of opioids. The records indicate the injured worker has been using this medication since 2012; therefore, the requested treatment is not medically necessary and appropriate.