

Case Number:	CM14-0218373		
Date Assigned:	01/08/2015	Date of Injury:	03/19/2010
Decision Date:	03/12/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	12/30/2014

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: California, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 54 year old male who sustained a work related injury on 3/19/2010. The injury reportedly occurred when the injured worker was assisting a client into the bathtub. Diagnoses include long term use of medications, lumbar disc displacement without myelopathy, sciatica and pain in joint shoulder - status-post left arthroscopy x 2, and status-post right arthroscopy x 1. The injured worker is status-post left shoulder rotator cuff repair and subacromial decompression dated 3/21/2014. The injured worker presented on 12/09/2014 with complaints of 9/10 pain. The injured worker also reported activity limitation. Prior medications included Butrans patch 5 mg and Opana ER 5 mg. Upon examination, there was normal muscle tone without atrophy, 5/5 motor strength, and an antalgic gait. Recommendations included discontinuation of Opana ER 5 mg and initiation of methadone HCl 5 mg. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana ER 5 MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. According to the documentation on 12/09/2014, the injured worker reported that while taking Opana ER 5 mg twice per day, this did nothing to decrease his pain and actually made him extremely somnolent. On 12/09/2014, the prescription for Opana ER 5 mg was discontinued. Therefore, the medical necessity for the ongoing use of the above medication has not been established in this case. Without documentation of objective functional improvement, additional treatment with Opana ER 5 mg would not be supported. There is also no frequency listed in the request. As such, the request is not medically appropriate.