

Case Number:	CM15-0017326		
Date Assigned:	02/05/2015	Date of Injury:	04/19/2004
Decision Date:	03/30/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	01/29/2015

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

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 52 year old male, who sustained an industrial injury on 4/19/04. He has reported back and upper extremity injury. The diagnoses have included multilevel cervical disc disease with bilateral radiculopathy, complex regional pain syndrome of left upper extremity, reactive sleep disturbance, reactive depression, left wrist arthropathy, left shoulder arthropathy and left wrist carpal tunnel syndrome. Treatment to date has included psychotherapy, oral medications and epidural steroid injection of cervical spine. (MRI) magnetic resonance imaging of cervical spine and lumbar spine has been performed in the past. Currently, the injured worker complains of low back pain which has increased since last visit. The injured worker stated on physical exam dated 12/18/14 pain was diminished with medications. Tenderness and spasm of paravertebral cervical area and tenderness of trapezius muscles are noted on exam. On 1/12/15 Utilization Review submitted a modified prescription for Opana ER 20mg #60 to #30, for weaning purposes. The MTUS, ACOEM Guidelines, was cited. On 1/26/15, the injured worker submitted an application for IMR for review of Opana ER 20mg #60 modified to #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana ER 20mg, #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The patient presents with neck pain radiating to upper extremities and low back pain rated as 5/10 with and 9/10 without medications. The request is for OPANA ER 20MG, #60. The request for authorization is dated 01/06/15. Patient states quality of sleep is poor. Patient has been feeling shaky, wobbly and in a lot of pain. Cervical spine range of motion is restricted and Spurling's test is positive. Phalen's sign is positive on the right wrist. Tinel's sign is positive on the left wrist. Patient's medications include Senokot-S, Neurontin, Norco, Tizanidine, Ibuprofen, Nexium, Opana, Actos, Albuterol, Glucophage, Glyburide and Lisinopril. Patient is not working. MTUS Guidelines, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Per progress report dated 01/15/15, treater's reason for the request is "for chronic constant pain." Patient has been prescribed Opana since at least 01/02/14. In addressing the 4A's, treater states Opana significantly improves patient's activities of daily living such as "the patient can perform household tasks including cooking, cleaning, self-care for 30 to 45 minutes or greater at a time." Analgesia has been discussed, as treater states "Patient notes that his pain is 8-9/10 without the medication and 5/10 with medication." Treater states "patient denies any new adverse effects from medications." Patient currently does not exhibit any adverse behavior to indicate addiction. Urine toxicology report 06/05/14 was consistent with prescribed medications. Therefore, the request IS medically necessary.