

Case Number:	CM15-0114602		
Date Assigned:	06/22/2015	Date of Injury:	11/10/2011
Decision Date:	07/21/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/15/2015

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 51-year-old male, who sustained an industrial injury on 11/10/2011. He reported a fall backwards with an eight-pound cable landing on him. Continuous trauma injuries were also noted. The injured worker was diagnosed as having brain concussion/contusion, post-concussional syndrome, insomnia, cognitive difficulties, cephalgia, dizziness, occipital neuralgia, TMJ pain, hypertension, decreased olfaction, cervical/thoracic/lumbar radiculopathy, possible entrapment of both wrists and left cubital tunnel, and status post right ulnar transposition surgery. Treatment to date has included diagnostics, epidural injections, and medications. Several documents within the submitted medical records were difficult to decipher. Currently, the injured worker complains of pain and difficulty with activities of daily living. He also reported difficulty sleeping. It was documented that Opana twice daily provided excellent pain relief and his pain was markedly worse with prior denials. He continued to have severe headaches and vertigo episodes. He continued to have difficulty with anomia, confusion, and forgetfulness. The right shoulder pain was severe and increased with activity of the right arm. Pain levels were not consistently documented. The use of Opana was noted since 12/2014, at which time his pain was not rated, and Norco was to be discontinued. His current medication regime was not noted. Urine toxicology 4/29/2015, detected several analytes, although no medication was reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana 7.5mg #60 (1 tab po bid 30 day supply): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-96.

Decision rationale: Per the MTUS Guidelines, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of change in medication profile from the questionable inconsistent/ consistent random drug testing as no medications were listed despite detection of several analytes or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury without acute flare, new injury, or progressive deterioration. The Opana 7.5mg #60 (1 tab po bid 30 day supply) is not medically necessary.