

Case Number:	CM15-0115125		
Date Assigned:	06/23/2015	Date of Injury:	06/15/2004
Decision Date:	07/27/2015	UR Denial Date:	05/26/2015
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: Pennsylvania
Certification(s)/Specialty: Internal 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 68 year old male who sustained an industrial injury on 06/15/2004. Current diagnoses include myofascial pain, insomnia, degenerative disc disease-cervical, constipation, chronic intractable pain, and cervicgia. Previous treatments included medications, epidural steroid injection, medial branch block, cervical surgery, physical therapy, transcutaneous electrical nerve stimulation (TENS) unit, and home exercise program. Work status was noted as retired. Opana has been prescribed since at least December 2014. Report dated 05/13/2015 noted that the injured worker presented with complaints that included continued cervical neck pain which has worsened with decreased medications. It was noted that the injured worker reports quality of life with use of medications including Opana. The injured worker takes Valium at night to alleviate insomnia related to chronic pain. The physician noted that Percocet causes upset stomach and Norco did not alleviate the pain. Increased activity is noted with the use of medications, which includes cooking, doing dishes, mopping, and more light carpentry as tolerated. Current medications include MS Contin 15 mg, Opana 10 mg, Opana 5 mg, and Valium 5 mg. Pain level was not noted. Physical examination was positive for cervical area tenderness, decreased cervical range of motion, and myofascial trigger points in the trapezius area. The treatment plan included refilling Valium, Opana 10 mg, and Opana 5 mg. Disputed treatments include Opana 5 mg, #120 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana tab 5mg #120 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids
Page(s): 74-96.

Decision rationale: According to the California MTUS chronic pain medical treatment guidelines, specific guidelines are recommended for the ongoing use of narcotic pain medication to treat chronic pain. Recommendations include the lowest possible dose be used as well as ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The MTUS also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications. The documentation submitted indicates long term use of Opana for at least five months with no change in level of function or significant reduction of pain levels. No functional goals were discussed. Work status was noted as retired. Some activities of daily living were noted to be improved as a result of medications as a group; there was no documentation of specific improvement in activities of daily living as a result of use of opana. Office visits have continued at the same approximately monthly frequency. Due to lack of functional improvement, the request for Opana tab 5 mg, #120 with 1 refill is not medically necessary.