

Case Number:	CM15-0173694		
Date Assigned:	09/15/2015	Date of Injury:	12/23/2005
Decision Date:	10/19/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/03/2015

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: 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:

This injured worker is a 55 old male, who sustained an industrial injury on 12-23-2005. The injured worker was diagnosed as having internal derangement of knee not otherwise specified, sprain and strain of lumbar region, rotator cuff syndrome- bursitis, pain in joint of lower leg and abnormality of gait. On medical records dated 07-13-2015, chief complaint left shoulder, left knee pain and lumbar pain. Subjective findings were noted as having severe sharp and aching pain. Pain was noted as 10 out of 10 at its worst and 8 out of 10 at its best. Pain was noted to affect sleep, mood, ability to concentrate, relationship with other and enjoyment of life.

Objective findings were noted as having crepitus on bilateral knees with passive range of motion and left shoulder with passive range of motion. Tenderness to palpation was noted in the upper and lower trapezius region and gluteal medius region maximus region as well as left bicep tendon and medial, lateral joint in left knee. Trigger points to palpation were noted in the upper trapezius, mid-trapezius, lower trapezius, sternocleidomastoid, lower latissimus dorsi, gluteus maximus, gluteus medius, quadratus lumborum and trochanteric region bilaterally. The injured worker was noted to be medically disabled, permanently disabled. On medical record dated 02-18-2015 the injured worker was noted to have pain rated as 8 out of 10 at its best and 10 out of 10 at its worst. Treatment to date included medication. Current medication was listed as Soma, Diclofenac Sodium Er, Cialis, Zantac, Omeprazole Dr, Oxycodone HCL, Opana Er, and Carisoprodol. The Utilization Review (UR) was dated 08-24-2015. The UR submitted for this medical review indicated that the request for Embeda #30 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Embeda 20/.08mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. In this case, the injured worker is currently being treated with another opioid medication (oxycodone) without objective documentation of functional improvement or significant decrease in pain. The requesting provider explains that with a trial of Embeda, the injured worker has reduced oxycodone use by 20%, and that Embeda is being used as it is less likely to be abused. It is also noted that with the use of Embeda, Opana ER has been discontinued. The request for Embeda 20/.08mg #30 is determined to be medically necessary.