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| Case Number: | CM15-0022061 | | |
| Date Assigned: | 02/11/2015 | Date of Injury: | 04/02/2002 |
| Decision Date: | 07/21/2015 | UR Denial Date: | 01/14/2015 |
| Priority: | Standard | Application Received: | 02/05/2015 |

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 63 year old male, who sustained an industrial injury on 4/02/2002, sustaining an ankle fracture. The injured worker was diagnosed as having lumbago and left foot and ankle pain. Treatment to date has included diagnostics, epidural steroid injections, and medications. Currently (1/08/2015), the injured worker complains of pain level 4/10, with the use of Opana and Percocet. It was documented that he complained of flare-up of left ankle pain and left lower extremity neuropathic pain, rated 8/10, but usually 4/10 with medications. Failed Gabapentin use was noted. Trial with Lyrica was declined because he paid for most medications out of pocket. The use of Opana ER was noted for greater than year, with a dose of 10mg twice daily noted. He reported running out of Opana 2 days ago due to delays in authorization. He continued to pay out of pocket for Percocet. He reported continued benefit with Flexaril for muscle spasms, noting to be paid for out of pocket. He reported 50% relief of his chronic pain with medication use. He stayed active in caring for his spouse, performing all household chores, as well as caring for his grandchildren. He previously underwent upper tooth extraction for dental decay due to ongoing opioid usage. A review of symptoms noted slight depression. The treatment plan included continued medications. Urine toxicology reports were documented as consistent with prescribed medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Opana ER 10mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: According to the guidelines, opioids are not 1st line treatment for mechanical or compressive etiologies. The claimant had been on Opana for over a year in combination with Percocet. In this case there was no mention of Tylenol, NSAID or Tricyclic failure. Continued use of Opana is not medically necessary.