

Case Number:	CM15-0069514		
Date Assigned:	04/17/2015	Date of Injury:	02/25/2013
Decision Date:	05/18/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	04/13/2015

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 41-year-old male, who sustained an industrial injury on February 25, 2013. He reported injuring himself picking up a box of iron to throw into another container. The injured worker was diagnosed as having a herniated disc, lumbar radiculopathy, and acute gastritis stress induced. Treatment to date has included ice/heat, MRI, and medication. Currently, the injured worker complains of low back pain that radiates down the left leg and upper back. The Treating Physician's report dated March 6, 2015, noted the injured worker reporting the pain was better controlled, however was sedated and very constipated. The injured worker was noted to have an antalgic gait, obviously in pain. The Physician prescribed Opana ER.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana ER 30mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, dosing Page(s): 86.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-going Management Page(s): 78 - 79.

Decision rationale: The patient is a 41-year-old male with an injury on 02/25/2013. He has low back pain that radiates to his left leg. Opana is an opiate. MTUS, Chronic Pain guidelines for on-going treatment with opiates criteria include objective documentation of improved functionality with respect to the ability to do activities of daily living or work and monitoring for efficacy, adverse effects and abnormal drug seeking behavior. The documentation provided for review does not meet these criteria. Therefore, the request is not medically necessary.