

Case Number:	CM15-0072580		
Date Assigned:	04/22/2015	Date of Injury:	03/10/2011
Decision Date:	05/27/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/16/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 59-year-old male, who sustained an industrial injury on March 10, 2011. He has reported back pain, leg pain, neck pain, headache, and loss of vision in the right eye. Diagnoses have included lumbar spine strain/sprain, cervical spine strain/sprain, retinal detachment, left shoulder strain/sprain, cubital tunnel syndrome, and lumbar or lumbosacral intervertebral disc disorder. Treatment to date has included medications, physical therapy, transcutaneous electrical nerve stimulator unit and multiple surgeries. The diagnostic tests completed are imaging studies and diagnostic testing. A progress note dated March 12, 2015 indicates a chief complaint of back pain, right leg pain, neck pain, headache, and loss of vision of the right eye. The treating physician documented a plan of care that included medications. The medications listed are Opana, Norco, Ambien, Flexeril, Mobic, Colace, Senokot and Savella. The UDS was noted to be consistent with prescribed medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana ER 10mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 42-43, 74-96, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of exacerbation of musculoskeletal pain that did not respond to standard treatments with NSAIDs and PT. The chronic use of opioids can be associated with the development tolerance, dependency, addiction, sedation, opioid induced hyperalgesia and adverse interaction with other sedative medications. The records indicate that the patient is utilizing high dose opioid with multiple sedative medications concurrently. The patient is utilizing multiple stool softeners for the prevention and treatment of opioid induced constipation. There is no documentation of guidelines mandated compliance monitoring of absence of aberrant behaviors, CURES data reports and functional restoration. The criteria for the use of Opana ER 10mg #60 were not met, therefore not medically necessary at this time.