

Case Number:	CM15-0096725		
Date Assigned:	05/27/2015	Date of Injury:	04/12/1995
Decision Date:	07/02/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/19/2015

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, New York, 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:

The applicant is a represented 63-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of April 12, 1995. In a Utilization Review report dated April 29, 2015, the claims administrator failed to approve requests for lumbar MRI imaging and Opana. An office visit dated April 23, 2015 was referenced in the determination. The claims administrator stated that its decision was based on non-MTUS Third Edition ACOEM Guidelines but did not incorporate the same into its report rationale. The applicant's attorney subsequently appealed. On April 23, 2015, the applicant reported ongoing multifocal pain complaints, including about the shoulder, low back, and legs. The note was handwritten, difficult to follow, and not entirely legible. The applicant was asked to consider a spinal injection of some kind. Lumbar and cervical MRI imaging was sought on the grounds that the applicant was getting worse. The applicant was asked to continue Nucynta, Advair, and Voltaren while beginning Savella. The note was extremely difficult to follow and not altogether legible. It did not appear that the attending provider explicitly alluded to usage of Opana on this date. The applicant's work status was not detailed on this date, although it did not appear that the applicant was working. In a RFA, form dated March 15, 2015, cervical MRI imaging, BuTrans, Savella, Medrol Dosepak, Nucynta, immediate release Opana, and Flexeril were all endorsed, without any seeming discussion on medication efficacy. In an associated progress note dated March 18, 2015, the applicant reported worsening neck and low back pain, 10/10. Quantitative drug testing dated April 23, 2015 was, however, positive for oxymorphone (Opana). In an applicant questionnaire dated April 23, 2015, the applicant stated that his pain complaints ranged from 7-9/10, despite ongoing medication consumption. The applicant also was using both immediate release Nucynta four tablets daily and immediate release oxymorphone (Opana) twice daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

Decision rationale: No, the request for lumbar MRI imaging was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 304, imaging studies should be reserved for cases in which surgery is being considered or red flag diagnoses are being evaluated. Here, there was neither an explicit statement (nor an implicit expectation) that the applicant would act on the results of the proposed lumbar MRI and/or consider surgical intervention involving the same. The attending provider's handwritten documentation and progress notes of April 23, 2015 and March 18, 2015 did not clearly establish a compelling rationale for the request at hand. The fact that lumbar and cervical MRIs were concurrently ordered significantly reduced the likelihood of the applicant's acting on the results of either study and/or considers surgical intervention based on the outcome on the same. Therefore, the request was not medically necessary.

Opana IR 5mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids; 4) On-Going Management Page(s): 80; 78.

Decision rationale: Similarly, the request for Opana immediate release, a short-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. The request, in fact, represented a renewal or extension request for Opana. Page 80 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant's work status was not reported on multiple office visits, referenced above, suggesting that the applicant was not, in fact, and working. The applicant continued to report pain complaints as high as 10/10, despite ongoing medication consumption. The attending provider failed to outline meaningful or material improvements in function (if any) effected as a result of ongoing Opana usage. Page 78 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that the lowest possible dose of opioids should be employed to improve pain and function. Here, the attending provider did not set forth a compelling rationale for concurrent usage of two separate short-acting opioids, Nucynta and Opana, which the applicant was using at rates of four and two tablets a day, respectively. All of the foregoing, taken together, did not make a compelling case for continuation of opioid therapy with Opana. Therefore, the request was not medically necessary.