

<b>Case Number:</b>	CM13-0031758		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	07/23/2007
<b>Decision Date:</b>	01/13/2014	<b>UR Denial Date:</b>	09/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/04/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 is a male patient with a date of injury of July 23, 2007. A utilization review determination and dated September 25, 2013 recommends modified approval for Opana ER 10 mg 1 tablet twice a day for 30 tablets. Modified certification is recommended to allow weaning due to lack of documentation regarding, "diversion, abuse, side effects, or tolerance development; dosage adjustments, attempts to wean and taper, end points of treatment; and continued efficacy and compliance." The UR determination identifies, "progress report indicates chronic low back pain. Pain medications resulted in temporary relief. The patient is unable to lift objects or bend down due to pain. Physical exam demonstrates lumbar tenderness and absent bilateral lower extremity reflexes. Treatment to date has included medication and activity modification." No progress reports or additional medical documentation was provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Opana ER, 10 mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section 9792.20 - 9792.26.

**Decision rationale:** Regarding the request for Opana ER, California Pain Medical Treatment Guidelines state that Opana ER is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the Opana ER is improving the patient's function or pain, no documentation regarding side effects, and no discussion regarding aberrant use. In the absence of such documentation, the currently requested Opana ER is not medically necessary.