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| <b>Case Number:</b>   | CM13-0043285 |                              |            |
| <b>Date Assigned:</b> | 12/27/2013   | <b>Date of Injury:</b>       | 06/10/2005 |
| <b>Decision Date:</b> | 05/22/2014   | <b>UR Denial Date:</b>       | 10/23/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/31/2013 |

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 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/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 case involves a 57 year-old male with a 6/10/2005 industrial injury claim. He has been diagnosed with chronic pain syndrome; neck, back and shoulder pain, muscle spasm, headaches, testicular hypo function, and anxiety. According to the 9/23/13 physiatrist/pain management report, the patient is stable on medications, presenting with 7/10 pain in the back. He was reported to be taking Fioricet with codeine for headache; Norco 10/325mg q4h; Valium 5mg bid; Cymbalta 60mg; Soma 350mg qid. He was started on Avinza 120mg 24 hr caps, 2 caps qd; and Opana ER 40mg bid. On follow-up 10/22/13, the pain levels remain at 7/10. There was no mention of medication efficacy. On 10/23/13 UR provided a retrospective denial for Avinza and Opana for 9/23/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE PURCHASE AVINZA 120MG, QUANTITY 60, START ON 9/23/13 AND END 10/22/2013: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Pain Outcomes and Endpoints Page(s): 60-61, 8-9.

**Decision rationale:** According to the 9/23/13 physiatrist/pain management report from [REDACTED], the patient is stable on medications, presenting with 7/10 back pain(with medications) He was reported to be taking Fioricet with codeine for headache; Norco 10/325mg q4h; Valium 5mg bid; Cymbalta 60mg; Soma 350mg qid. On 9/23/13, [REDACTED] added Avinza 120mg #60 and Opana ER 40mg. On the 10/22/13 follow-up report, [REDACTED] notes the patient still has 7/10 pain, and there is no discussion of efficacy of the Avinza. I have been asked to review for necessity for the Avinza. MTUS on page 9 states, "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement," and on page 8 states, "When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." There is no reporting on efficacy of the medications, the documentation does not support a satisfactory response. There is no mention of improved pain, or improved function or improved quality of life with the use of Avinza. MTUS does not recommend continuing treatment if there is not a satisfactory response.

**RETROSPECTIVE REQUEST FOR OPANA ER 40MG START ON 9/23/2013 AND END 10/22/2013:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Pain Outcomes and Endpoints Page(s): 60-61, 8-9.

**Decision rationale:** According to the 9/23/13 physiatrist/pain management report from [REDACTED], the patient is stable on medications, presenting with 7/10 back pain(with medications) He was reported to be taking Fioricet with codeine for headache; Norco 10/325mg q4h; Valium 5mg bid; Cymbalta 60mg; Soma 350mg qid. On 9/23/13, [REDACTED] added Avinza 120mg #60 and Opana ER 40mg. On the 10/22/13 follow-up report, [REDACTED] notes the patient still has 7/10 pain, and there is no discussion of efficacy of the Opana ER. I have been asked to review for necessity for the Opana ER. MTUS on page 9 states, "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement," and on page 8 states, "When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." There is no reporting on efficacy of the medications, the documentation does not support a satisfactory response. There is no mention of improved pain, or improved function or improved quality of life with the use of Opana ER. MTUS does not recommend continuing treatment if there is not a satisfactory response.