

<b>Case Number:</b>	CM13-0066091		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	03/06/2008
<b>Decision Date:</b>	05/20/2014	<b>UR Denial Date:</b>	11/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2013

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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:

The injured worker is a 59-year-old female who reported an injury on 03/06/2008. The mechanism of injury was not provided in the medical records for review. The clinical note dated 12/23/2013 noted the injured worker reported no acute changes in her pain condition to the physician. The injured worker stated that her pain level remains at 2/10 to 3/10 on the Visual Analog Scale (VAS) with the use of medications, without the use of medications her pain level rates 8/10 to 9/10 on the VAS. The injured worker reports that with the use of medications she is able to fold some clothes, help with cooking and dishes with less pain. The injured worker also reports that she continues her home exercise program. Physical examination noted that the injured worker's gait was grossly normal and non-antalgic and that the injured worker ambulated in the room without any assistance. The physician documented the treatment plan as the injured worker presents with low back pain, the injured worker is status post cervical fusion and laminectomy surgery. She continues to have low back pain radiating into her lower extremities and her EMG shows S1 radiculopathy. Lumbar MRI does correspond with disc protrusion. The physician has recommended functional restoration program but the injured worker does not wish to attend secondary to time commitments and that she is not very interested. The injured worker has had numerous spinal injections in the neck and back and does not wish to have any further invasive procedures including surgery. The request for authorization for medical treatment DWC Form RFA dated 01/02/2014 listed the diagnoses as syndrome post-laminectomy cervical, status post anterior cervical decompression and fusion (ACDF)-C4-7, disorders sacrum, sciatica, and long-term use of medications. The request is for continued use of Oxymorphone 20 mg extended release #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OXYMORPHONE 20 MG ER #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Page(s): 76-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**Decision rationale:** The request for Oxymorphone 20 mg ER #90 is non-certified. The California MTUS requires that there be an ongoing review with documentation of pain relief, functional status, appropriate medication use, and the side effects of the medication. There should be a pain assessment included which contains current pain levels, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for the pain relief to take effect, and how long the pain relief lasts. Satisfactory responses to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from the family or other care givers should be considered in the determination of the patient's response to treatment. There should be ongoing documentation monitoring analgesia, activities of daily living, adverse side effects, and aberrant or non-adherent drug taking behaviors. The documentation that was provided for review indicated that with the medication the injured worker was able to fold some clothes, help with cooking and dishes with less pain. The injured worker continues her home exercise program. The objective findings for the clinical note dated 12/23/2013 did not note any muscle spasms, any tenderness on palpation upon examination, or any deficit in gait when ambulating. The request for the Oxymorphone 20 mg ER #90 did not include a frequency amount. There was not any documentation of any side effects, pain relief or aberrant behaviors that is required when an opioid is being used as per the CA MTUS guidelines. Therefore, the request is non-certified.