

<b>Case Number:</b>	CM14-0017815		
<b>Date Assigned:</b>	04/16/2014	<b>Date of Injury:</b>	03/26/2001
<b>Decision Date:</b>	06/06/2014	<b>UR Denial Date:</b>	01/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2014

### 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 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:

The injured worker is a 53yr old female who reported an injury on 03/23/2001. The worker was injured when she struck a railing while on the moving sidewalk at [REDACTED]. Per the progress note dated 01/29/2014, there has been no significant change since the visit on 12/04/2013. The injured worker reported pain rated 7-7.5/10 and a 20% overall improvement since beginning treatment. The injured worker had diagnoses including knee pain, Cervicalgia, Back pain, and Post Laminectomy Lumbar; in addition, she had L5-S1 fusion times two in 2007 and 2008. Within the 02/25/2014 clinical note the provider recommended the injured worker continue utilizing Opana.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE REQUEST OF PRESCRIPTION FOR OPANA ER 5MG #180 FOR DOS:12/16/13:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, ON-GOING MANAGEMENT Page(s): 78.

**Decision rationale:** The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. According to the clinical note, the injured worker's pain continues to be 7-7.5 /10 while taking this medication; there was a lack of documentation indicating the injured worker has significant improvement in her pain with the use of Opana. Furthermore, there is a lack of documentation indicating the effectiveness of this medication related to an increase in activities of daily living and the injured workers general functionality. The requesting physician did not include an adequate and complete assessment of the injured workers pain. As such, the request for OPANA ER 5MG #180 FOR DOS: 12/16/13 is non-certified.