

<b>Case Number:</b>	CM14-0018787		
<b>Date Assigned:</b>	04/18/2014	<b>Date of Injury:</b>	06/27/2007
<b>Decision Date:</b>	07/03/2014	<b>UR Denial Date:</b>	02/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2014

### 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 & Rehabilitation and is licensed to practice in Arizona. 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 patient is a 49-year-old male who sustained a work-related injury on 6/27/07 when he was hit on his back and legs. Since the injury, he has experienced back pain radiating to the lower extremities. MRI of the lumbar spine has exhibited disc bulging and spinal stenosis at multiple levels. He carries diagnoses of radiculopathy, neuropathy and back pain. Treatment has been extensive including several medications. Pain management has been provided with Percocet, morphine, baclofen and Cymbalta. He has history of psychiatric illness and possible alcohol use. The treating pain management physician in December of 2013 recommended the use of Opana (oxymorphone) at the request of the patient. He was actually doing quite well with the combination of medications consisting of morphine and Percocet. However, the patient wanted to go back on Opana because in the past it provided better pain management.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OPANA ER 20 MG #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) chronic pain management, oxymorphone.

**Decision rationale:** Due to issues of abuse and Black Box FDA warnings, Oxymorphone is recommended as second line therapy for long acting opioids. Oxymorphone products do not appear to have any clear benefit over other agents and have disadvantages related to dose timing (taking the IR formulation with food can lead to overdose), and potential for serious adverse events (when the ER formulation is combined with alcohol use a potentially fatal overdose may result). (Opana FDA labeling). As it states, oxymorphone is associated with a host of complications and adverse effects. It has not proven better than other agents for pain management. Moreover, this patient was actually doing well according to the medical notes in December of 2013 from a pain management standpoint with morphine and Percocet. This patient has history of alcohol use and has significant psychiatric history. Therefore, oxymorphone does not appear to be suitable in this situation.