

<b>Case Number:</b>	CM14-0112011		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	07/17/2012
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	07/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/18/2014

### 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, 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 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 is a patient with a date of injury of 7/17/12. A utilization review determination dated 7/7/14 recommends non-certification of Oxymorphone ER. The 6/27/14 medical report identifies that 1 tablet of Oxymorphone ER 7.5 mg did not help, but when he took 2 tablets, it brought pain down "a couple of notches" to 5/10. He uses it every other day and sparingly. Each dose lasted 4-5 hours. "He is exercising a lot more despite more soreness now. His back is more asleep more." He noted left leg pain. He feels cold on his back all the time. He feels numb in his 2 small toes on both feet and also reported new numbness of the penis off and on, worse about 3 weeks ago. Still has severe LBP and both leg pain. Pain radiates from left back to thigh, leg, and foot now. Legs give out on occasion. On exam, there was some decreased motor strength in the right shoulder, tenderness, bipedal gait was cautious, limited ROM with Kemp's sign, bilateral paralumbar tightness with trigger points, lower extremity motor 4+/5 bilaterally, SLR causes hamstring and leg pain bilaterally, sensory decreased bilateral lateral calves and foot.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Oxymorphone ER 15mg, qty unspecified, DOS 6/27/14:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 of 127.

**Decision rationale:** Regarding the request for Oxymorphone ER, California Pain Medical Treatment Guidelines state that it 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, it was noted that, while one 7.5 mg tablet did not help the pain, two tablets brought pain down "a couple of notches" to 5/10 and lasted for 4-5 hours. Pain level prior to the medication is not clearly identified and there is no indication any specific examples of functional improvement, no documentation regarding side effects, and no discussion regarding aberrant use. Furthermore, there is no clear indication for ongoing use of a long-acting opioid that provides only a few hours of unspecified relief and no discussion with regard to the use of a short-acting opioid to control breakthrough pain. As such, there is no clear indication for ongoing use of the medication. In light of the above issues, the currently requested Oxymorphone ER is not medically necessary.