

<b>Case Number:</b>	CM14-0113763		
<b>Date Assigned:</b>	09/26/2014	<b>Date of Injury:</b>	12/01/2006
<b>Decision Date:</b>	11/14/2014	<b>UR Denial Date:</b>	07/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2014

### 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 patient is a 56 year old female who was injured on 12/01/2006. The mechanism of injury is unknown. There is no past treatment history provided for the medications that are being requested. Progress report dated 06/27/2014 documented the patient to have complaints of right shoulder pain. She has received a right shoulder injection lasting for about 2 months but the pain has recurred. She also reported severe low back pain restricting most of her movements. She stated she is able to sleep on her right shoulder. She was participating in a gym program but stopped attending due to the pain. She stated with her medications, she is able to perform her activities of daily living such as shopping on her own, drive and go to church. Objective findings on exam revealed shoulder range of motion at 90 degrees of elevation; passive range of motion is full, and active range of motion is poor. Her pain with resistive testing of shoulders, arms and wrists. There is tenderness to palpation of the left shoulder, bilateral forearms and elbow diffusely. The lumbar spine revealed flexion at 15 degrees; extension at 5 degrees; lateral flexion at 10 degrees. She exhibited deep and focal palpable muscle knots which elicited classic twitch response consistent with trigger point radiation pattern. She was diagnosed with chronic pain syndrome, tenosynovitis of the hand and wrist, myalgia and myositis, pain in limb, lumbago, and thoracic or lumbosacral neuritis or radiculitis. She was recommended to continue Opana ER 20 mg and Percocet 10 mg. Prior utilization review dated 07/03/2014 states the request for Opana ER 20mg #60 and Percocet 10mg #90 is denied as it is not supported by the guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Opana ER 20mg #60:**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; criteria for use for a therapeutic trial of opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-96.

**Decision rationale:** Oxymorphone (Opana), Oxymorphone Extended Release (Opana ), no available generic:[Boxed Warnings]: Opana is not intended for prn use Opioid Dosing Calculator Morphine Equivalent Dose (MED) factor: Oxycodone - 1.5 Oxymorphone - 3 According the submitted progress report, the patient has been on Opana ER since November 2010. Opana is a highly potent opiate indicated for patient's that require around the clock pain management. It is not indicated for prn use. Guidelines indicate "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)." In this case, the medical report indicates that this patient has chronic pain syndrome and has been prescribed opiates chronically. The medical records do not document pain level without medications, use of a pain diary by the patient to catalog medication use, which is advised by the guidelines. The guidelines state opiates should continue if patient has improved functioning and pain, which has not been demonstrated in this case. The guidelines also recommend that opioid dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. The patient's cumulative daily MED exceeds the limit of 120 mg, per the guidelines. Chronic use of opioids for non-malignant pain is not generally supported. Continuing this patient on Opana ER is not supported by the guidelines, and is not medically necessary and appropriate.

**Percocet 10mg #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; criteria for use for a therapeutic trial of opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-96.

**Decision rationale:** According the submitted progress report, the patient has been on Percocet 10/325 since August 2007. According to the California Medical Treatment Utilization Schedule (MTUS) guidelines, Percocet "opioid short acting" in chronic back pain is recommended for short-term pain relief, the long-term efficacy is unclear (>16 weeks), but also appears limited. The medical records do not establish the patient has obtained clinically significant improved function and reduction in pain as result medication use. Consequently, without evidence establishing the medication regimen is beneficial, continued opiate use would not be

recommended. Furthermore, the patient's cumulative daily MED exceeds the limit of 120 mg, per the guidelines. Chronic use of opioids for non-malignant pain is not generally supported. Continuing this patient on Percocet is not supported by the guidelines, and is not medically necessary and appropriate.