

<b>Case Number:</b>	CM14-0138787		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	03/12/2002
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2014

### 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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain and major depressive disorder reportedly associated with an industrial injury of March 12, 2002. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; interventional spine procedures, including epidural injections and facet injections; earlier lumbar fusion surgery; and opioid therapy. In a Utilization Review Report dated August 16, 2014, the claims administrator partially certified a request for extended-release Opana and approved a request for short-acting Opana. The applicant's attorney subsequently appealed. In an August 20, 2014 progress note, the applicant complained that he apparently had to pay out of pocket for some opioid agents. The applicant was depressed, it was further noted. The progress note was quite difficult to follow and mingled old complaints with current complaints. The applicant reported persistent complaints of low back pain radiating to the left leg. Diminished lower extremity strength was noted. The applicant was given prescriptions for Neurontin and Norco. The attending provider stated that the applicant had difficulty performing home exercises secondary to pain. The attending provider stated that the applicant had signed a pain contract. The applicant's work status was not clearly stated.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Opana ER 40mg #30:** 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 When to Continue Opioids topic. Page(s): 80.

**Decision rationale:** The request in question seemingly represents a renewal request for Opana. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant does not appear to be working. The attending provider's progress note was somewhat difficult to follow, mingled old complaints with current complaints, and, if anything, suggested that the applicant's pain complaints were heightened as opposed to reduced, despite ongoing Opana usage. The attending provider failed to recount any material improvements in function achieved as a result of the same. Therefore, the request is not medically necessary.